



Home Office

Country Information Note

Albania: Mental healthcare

Version 3.0

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Preface

About the country information

This note provides country of origin information (COI) for Home Office decision makers handling cases where a person claims that removing 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 contains publicly available or disclosable COI which has been gathered, collated and analysed in line with the [research methodology](#).

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

This document is intended to be a comprehensive but not exhaustive survey of mental healthcare in Albania.

The COI included was published or made publicly available on or before **2 December 2024**. Any information or report published after this date will not be included.

Decision makers must use relevant COI as the evidential basis for decisions.

For general guidance on considering claims based on a breach of Article 3 and/or 8 of the ECHR because of an ongoing health condition, see the instruction on [Human rights claims on medical grounds](#).

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Assessment

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: Human trafficking](#).

Country information

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 provisions¹.

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

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

‘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].’²

- 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 fines³.
- 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 International instruments relevant to mental health care

- 1.2.1 Albania is party to the European Convention on Human Rights [ECHR]⁴ and the European Social Charter (November 2002)⁵, 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)⁶.

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1.3 Government policy and special measures

- 1.3.1 The Albanian government, in its submission to the UN Committee on the Rights of Persons with Disabilities (UN CRPD) dated 3 October 2017, noted:
- 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 simplified⁷.
 - 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 housing⁸.
- 1.3.2 The Albanian Foundation for the Rights of Persons with Disabilities reported in 2016 that the government had, 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’⁹. (This is the Foundation’s most recent annual report¹⁰.)
- 1.3.3 The US Department of State (USSD) 2023 Country Report on Human Rights Practices, published in April 2024, stated: ‘The constitution and laws prohibited discrimination against persons with physical, sensory, intellectual, or mental disabilities. Nevertheless, employers, schools, health-care

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

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

⁴ European Union, [EU Fundamental Rights Information System](#), accessed 23 November 2022

⁵ Council of Europe, ‘[Albania and the European Social Charter](#)’, March 2022

⁶ [UN Treaty Body database](#). Accessed 23 November 2022

⁷ UN CRPD, [State party report](#) (paragraph 49) dated 3 October 2017

⁸ UN CRPD, [State party report](#) (paragraph 184) dated 3 October 2017

⁹ Albanian Foundation for the Rights of Persons with Disabilities, [Annual Report 2015](#), July 2016

¹⁰ Albanian Foundation for the Rights of Persons with Disabilities, [Annual Reports](#), no date

providers, and providers of other state services at times engaged in discrimination.’ However, the USSD did not provide the scale, extent or nature of discrimination against those with mental health conditions.¹¹

- 1.3.4 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 disabilities¹².
- 1.3.5 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 rehabilitation¹³.
- 1.3.6 A [Mental Health Action Plan for the period 2023-2026](#) (developed in support of three previous plans) was put in place by the Ministry of Health and Social Care with the support of the WHO, in line with the commitments of the Albanian Government in the European Integration process¹⁴. The Plan is based on the following principles:
- ‘1. Universal health coverage: Regardless of age, gender, socio-economic status, race, ethnicity or sexual orientation, and following the principle of equality, persons with mental disorders should have access to basic health and social services that enable them to achieve recovery and the highest achievable health standard.
 - ‘2. Human rights and inclusiveness: Strategies, actions and interventions in mental health, for treatment, prevention and promotion, must be in line with the human rights conventions ratified by the Albanian state and the national legal and regulatory framework in this field.
 3. Evidence-based practice: Mental health strategies and interventions for treatment, prevention and promotion should be based on scientific evidence and/or best practices, taking into account the cultural context.
 4. Integrated approach across the life course: Mental health policies, plans and services should consider health and social needs at all life course stages, including infancy, childhood, adolescence, youth, adulthood and old age.

¹¹ USSD, [2023 Human Rights Report](#) (section 6), 22 April 2024

¹² UN CRPD, ‘[Concluding observations](#)’, 14 October 2019

¹³ UN CRPD, ‘[Concluding observations](#)’, 14 October 2019

¹⁴ Ministry of Health, [Mental Health Action Plan, Albania 2023-2026](#) (page 17), no date

5. Socio-health and cross-sectoral approach: A comprehensive and coordinated response to mental health requires better integration of health and social interventions, but also a partnership with multiple public sectors, such as education, employment, justice, housing, and with the private or non-public sector.
6. Empowerment of persons with mental health disorders and mental disabilities: Persons with mental health disorders and mental disabilities should be empowered and supported to live independently and to contribute to the community in which they live.
7. Gender sensitive intervention: The strategic document on mental health should ensure appropriate gender sensitivity, including interventions targeting the special needs of both men and women.¹⁵

1.3.7 Accordingly, the 2023-2026 Plan defines the following Strategic Objectives and sets out detailed measures their achievement:

- ‘1. Development of mental health services towards universal health coverage
2. Strengthening the sustainability and resilience of the population’s mental health against emergencies
3. Promotion, protection, and care for the mental health of the population across the life course
4. Further development of the regulatory framework and practice in mental health, in the light of human rights, and of the monitoring and governance mechanisms of mental health services.¹⁶

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1.4 Legal assistance

1.4.1 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.¹⁷

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1.5 Inspections of institutions

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

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¹⁵ Ministry of Health, [Mental Health Action Plan, Albania 2023-2026](#) (pages 17-18), no date

¹⁶ Ministry of Health, [Mental Health Action Plan, Albania 2023-2026](#) (pages 18-37), no date

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

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 treatment¹⁸.

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 rehabilitation.’¹⁹

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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 disorders²⁰.

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 staff²¹.

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2.3 Community Mental Health Centres and Supported Homes (‘Shtëpizat’)

2.3.1 The Mental Health Plan 2023-2026 states:

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

‘[Fourteen Supported Homes] have been set up and are operating..., in which rehabilitating treatment is provided on an individual basis, for people with chronic mental health disorders, mainly former chronic residents of psychiatric hospitals. The “residents” age group ranges from 27 to 79 years old, presenting a great challenge for the design and implementation of individual rehabilitation and support plans, which dictates the need for the categorization of these services, within the typology of “supported homes”. This reorganization should also address the growing need from the

¹⁸ Ministry of Health, [Mental Health Action Plan, Albania 2023-2026](#), no date.

¹⁹ WJARR, Musta F. and Bogdanova M: ‘[Analysis of interventions and social...](#)’, October 2021

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

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

community for short-term rehabilitation services in order to avoid frequent and long hospitalizations of people with chronic and serious mental health disorders.²²

2.3.2 Considering how community-based health centres are staffed, in 2016, Rebecca Mueller, of the Indiana University School of Public Health, 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.'²³

2.3.3 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.'²⁴

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2.4 Psychiatric hospitals and psychiatric departments in general hospitals

2.4.1 There are four in-patient psychiatric facilities in Albania: University Hospital 'Mother Teresa' in Tirana, Shkoder Inpatient Mental Health Service, Elbasan Psychiatric Hospital and Vlora Psychiatric Hospital. Reconstruction/modernisation work is underway at Elbasan and Vlora under the 2023-2026 Plan²⁵.

2.4.2 It was noted in the Mental Health Action Plan 2023-2026:

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

²² Ministry of Health, [Mental Health Action Plan, Albania 2023-2026](#) (page 15), no date.

²³ Mueller R., '[Mental Health Reform and Postsocialism in Albania](#)' (page 34), 1 December 2016

²⁴ Mueller R., '[Mental Health Reform and Postsocialism in Albania](#)' (page 32), 1 December 2016

²⁵ Ministry of Health, [Mental Health Action Plan, Albania 2023-2026](#) (page 48), no date

beds, implemented in parallel with the addition of community-based services, has dropped the number of beds in mental health services from 900 beds in 2000 to 600 in 2023.²⁶

- 2.4.3 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 services²⁷. 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 Law²⁸.
- 2.4.4 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.'²⁹
- 2.4.5 The **University Hospital Centre 'Mother Teresa'** (UHC 'Mother Teresa'; QSUNT or QSUT is the Albanian abbreviation) is the largest general 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. The hospital draws patients from all over Albania for tertiary level treatment³⁰.
- 2.4.6 The Psychiatry Service at UHC 'Mother Teresa', according to the hospital website, '...offers comprehensive continuous care, including inpatient service for acute patients, day services in observation, intervention and treatment of psychiatric emergencies and emergencies, outpatient consultations and specialist consultations at other QSUNT services for comorbidities with psychiatric diseases...'³¹
- 2.4.1 The section of this CPIN on [Paediatric care](#) includes detailed information on psychiatric treatment for children at UHC 'Mother Theresa'.
- 2.4.2 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 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 .

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²⁶ Ministry of Health, [Mental Health Action Plan, Albania 2023-2026](#) (page 15), no date.

²⁷ WJARR, Musta F. and Bogdanova M: '[Analysis of interventions and social...](#)', October 2021

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

²⁹ WJARR, Musta F. and Bogdanova M: '[Analysis of interventions and social...](#)', October 2021

³⁰ EPTRI, '[University Hospital Mother Teresa \(UHCT\)](#)', no date.

³¹ UHC 'Mother Teresa', [Shërbimi i Psikiatriisë](#) (Psychiatry Service), no date. (Unofficial translation)

2.5 Private sector

2.5.1 Various websites, for example 'Fastbase'³², provide lists of mental health clinics and professionals in private practice in Albania.

2.5.1 For example, the [Institute of Cognitive Behavioral Therapy](#) (ICBT) in Tirana, according to its website accessed in December 2024³³, employs CBT and other forms of psychotherapy to treat anxiety disorders, depression, PTSD, etc³⁴.

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3. Mental health workforce

3.1.1 The Mental Health Action Plan 2023-2026 noted:

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

'Moreover, within the PHC [primary health care] reform, pursuant to the socio-health approach on the provision of services at this level of service provision, 50 psychosocial staff have been appointed to the HCs, in order to better [sic] address the needs of vulnerable groups, especially persons with mental health problems, aiming for better integration of mental health services in PHC. Other job profiles, such as physiotherapists and speech therapists, are recently being introduced to the PHC, enriching the multidisciplinary approach of the family medicine team at this level of service provision.'³⁵

3.1.2 According to the most recent World Health Organisation's Mental Health Atlas 2020, published 8 October 2021³⁶, 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
Total mental health professionals	393	13.64

³² Fastbase, [List of 21 Psychiatrist\[s\] in Albania](#), no date.

³³ ICBT, [Home page](#), no date

³⁴ ICBT, ['What is CBT?'](#), no date

³⁵ Ministry of Health, [Mental Health Action Plan, Albania 2023-2026](#) (page 15), no date

³⁶ WHO [Mental Health Atlas 2020: Albania country profile](#), 8 October 2021

- 3.1.3 For context, the WHO Mental Health Atlas 2020 reported that ‘upper-middle-income economy’ countries, which included Albania as of 2021³⁷, had a median of 1.7 psychiatrists and 14.7 total mental health workers per 100,000 population³⁸.
- 3.1.4 In apparent contrast to the data from WHO, the Order of Psychologists in the Republic of Albania, an independent professional body established by statute, noted in their 2022 Annual Report that 950 psychologists had, since 2017, been licenced under the Law ‘On Regulated Professions in the Republic of Albania’. Of the 950 psychologists, 423 were clinical psychologists. (It was not made clear whether all of those licenced were actually based in Albania.)³⁹

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4. Availability of treatment for common mental health conditions

4.1 Introduction

- 4.1.1 A 2019 study by the Lancet Commission on Global Mental Health indicated that 13.8% of the Albanian population was affected by at least one form of mental health disorder at that time⁴⁰.
- 4.1.2 Based on its ‘Life in Transition’ survey of 37,000 households across Europe⁴¹, the European Bank for Reconstruction and Development (EBRD), in its Transition Report 2023-24 published in November 2023, showed that approximately 55% of women and 40% of men in Albania reported experiencing at least one of the following mental distress symptoms at least weekly: depression, sadness, anxiety, apathy. On this scale, adults in Albania exhibited the 18th highest incidence of mental distress among the 38 transition countries included in the EBRD report⁴². In the sources consulted, CPIT were unable to ascertain how many households or specifically how many people in absolute numbers were surveyed in Albania (see [Bibliography](#)).

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4.2 Sources for Sections 4 and 5: MedCOI

- 4.2.1 This note makes use of information compiled by Project MedCOI (MedCOI), which was set up and operated by the Belgium and Netherlands immigration authorities until 31 December 2020. Thereafter MedCOI was run by the European Union Agency for Asylum (EUAA), formerly known as the European Asylum Support Office (EASO). MedCOI’s information gathering and quality assurance processes remain unchanged since December 2020 when the UK Home Office’s access stopped.
- 4.2.2 The EUAA explains how the project 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

³⁷ The World Bank, ‘[World Bank Country and...](#)’ (‘Upper-middle-income economies’), 2021

³⁸ WHO, [Mental Health Atlas 2020](#) (pages 63 and 66 of the pdf), 8 October 2021

³⁹ Order of Psychologists in the Republic of Albania, ‘[Annual Report 2022](#)’ (pg 30-31), January 2023.

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

⁴¹ EBRD, ‘Life in Transition Survey (LITS), IV

⁴² EBRD, [Transition Report 2023-24](#) (page 18), 21 November 2023

information and combined with desk research, the EUAA produces responses to individual requests from EU+ countries and maintains a portal with a specific database where the information can be found ... 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.⁴³

'EUAA MedCOI is continuously subject to internal and external quality assurance activities such as validations, audits, and peer reviews.'⁴⁴

- 4.2.3 The UK Home Office's access to MedCOI ended on 31 December 2020. However, copies of all MedCOI documents referred to in this note have been retained and are available on request.

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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%.⁴⁵ CPIT was unable to find a more recent or reliable figure of people suffering with an anxiety disorder in Albania in the sources consulted (see Bibliography).

- 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 nurse⁴⁶

- 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 \(as of 24 July 2024\)](#) to check for the **availability of specific medicines** in Albania.

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⁴³ EUAA (MedCOI), [About MedCOI](#), no date

⁴⁴ EUAA (MedCOI), [Methodology and sources](#), no date

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

⁴⁶ MedCOI (by subscription), Response dated 27 January 2020.

4.4 Depression

- 4.4.1 According to WHO estimates, 131,048 people in Albania had a diagnosed depressive disorder in 2017, representing 4.8% of the population⁴⁷. For comparison, 4.5% of people in the UK were estimated to have a depressive disorder⁴⁸. CPIT was unable to find a more recent or reliable figure of people suffering with a depressive disorder in Albania in the sources consulted (see Bibliography).
- 4.4.2 The Mental Health Action Plan 2023-2026 noted: ‘The Demographic and Health Survey 2017–2018 highlights that women are more exposed to depression than men. 13% of girls and women and 18% of boys and men aged 15-59 reported feeling depressed for a long time⁴⁹.
- 4.4.3 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
 - 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 psychologist⁵⁰
- 4.4.4 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 available⁵¹.
- 4.4.5 See [Medication available in Albania \(as of 24 July 2024\)](#) 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^{52 53}. For context, the UK had a suicide rate of 7.9 per 100,000 in the same period⁵⁴.

⁴⁷ WHO, ‘[Depression and Other Common Mental Disorders, Global Health Estimates](#)’, 2017

⁴⁸ WHO, ‘[Depression and Other Common Mental Disorders, Global Health Estimates](#)’, 2017

⁴⁹ Ministry of Health, [Mental Health Action Plan, Albania 2023-2026](#) (page 8), no date

⁵⁰ MedCOI Response dated 27 January 2020.

⁵¹ MedCOI, Response dated 27 January 2020.

⁵² WHO, [Suicide mortality rate \(per 100,000 population\)](#), 8 January 2024

⁵³ WHO, ‘[Suicide worldwide in 2019](#)’ (pages 22-26 of the pdf), 16 June 2021

⁵⁴ WHO, ‘[Suicide worldwide in 2019](#)’ (pages 22-26 of the pdf), 16 June 2021

4.5.2 It was observed in the Mental Health Plan 2023-2026 that the mortality rate from suicides in Albania in 2018 was significantly below the European average⁵⁵.

4.5.3 MedCOI reported in January 2020 that the University Medical Centre of Tirana ‘Mother Teresa’ was prepared and equipped for Crisis Intervention in case of a suicide attempt⁵⁶.

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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 women⁵⁷.

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)⁵⁸.

4.6.3 Special outpatient services for patients with psychotic disorders, according to Musta and Bogdanova, include: ‘community-based multidisciplinary mobile teams, day care centers, support homes for former chronic patients in psychiatric hospitals, support homes for psychotic patients, day care/recreation centers, etc.’⁵⁹

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 UHC ‘Mother Teresa’ in Tirana:

- ‘Psychiatric treatment of alcohol drug addiction in a specialized clinic (detox)
- ‘Psychiatric treatment of drug addiction in a specialized clinic (rehab)

⁵⁵ Ministry of Health, [Mental Health Action Plan, Albania 2023-2026](#) (page 8), no date

⁵⁶ MedCOI, Response dated 27 January 2020.

⁵⁷ WHO [Mental Health Atlas 2020: Albania country profile](#), 8 October 2021

⁵⁸ MedCOI, Response dated 27 January 2020.

⁵⁹ WJARR, Musta F. and Bogdanova M: [‘Analysis of interventions and social...’](#), October 2021

- ‘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’⁶⁰

4.7.2 There is an Alcohol Addiction Treatment Clinic at UHC ‘Mother Teresa’. The Clinic was opened in 2009 as a joint project of the Albanian Ministry of Health and the European School of Alcoholology and Ecological Psychiatry in Italy. According to the hospital website:

- The Clinic operates a 24-hour service
- It is the first combinatorial therapeutic service in Albania involving diagnostics, pharmacotherapy, psychotherapy and rehabilitation
- ‘The European professional standard and quality in the full provision of the Clinical Combinatorial Treatment with the "Hudolin" technique in the Clinical phase (2-3 weeks) applied, passes the patients into sustainable abstinence.’ (This is an example of treatment offered.)
- Post-clinical psychotherapy follow-up for treated patients have been coordinated with other hospital services, including Neurology, Psychiatry, Gastrohepatology, Cardiology, Infectious Diseases, Nephrology and Psycho-social.
- About 500 hospitalised patients and about 1300 outpatients have been treated in 4 years⁶¹.

4.7.3 See [Medication available in Albania \(as of 24 July 2024\)](#) to check for the **availability of specific medicines**.

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5. Paediatric care

5.1.1 The website of the University Centre ‘Mother Teresa’, accessed in December 2024, noted under ‘Child Psychiatry Service’ (‘Shërbimi I Psikiatrisë Infantile’):

‘[The Child and Adolescent Psychiatry Service] is the only service with beds that provides psychiatric services for children and adolescents for a wide spectrum of psychiatric diagnoses and for an age range of 2 to 20 years.

‘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 /

⁶⁰ MedCOI, Response dated 12 February 2020.

⁶¹ UHC ‘Mother Teresa’, [Alcohol Addiction Treatment Clinic](#), no date

personality disorders; self-injurious behaviors, suicidal attempts; problems with peers, siblings, parents and school teachers; Tourette's, etc.

'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.'⁶²

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 psychiatrist⁶³
- 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 nurse⁶⁴.

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."⁶⁵

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 handicapped⁶⁶.

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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⁶² UMC Mother Teresa, '[Child Psychiatry Service](#)' ('Shërbimi I Psikiatrisë Infantile') no date.

⁶³ MedCOI, Response dated 5 November 2019

⁶⁴ MedCOI, Response dated 11 December 2019.

⁶⁵ ESCAP, '[Ariel Çomo and the "deep gap" between available resources and the...](#)', undated.

⁶⁶ MedCOI, Response dated 11 December 2019

6. Medication available in Albania (as of 24 July 2024)

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. 491, date: 24 July 2024](#)) which are registered and 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^{67;68}. The following are the drugs for psychiatric or neurological treatment which appeared on the [list effective from 24 July 2024](#)⁶⁹:

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, phenytoin, pregabalin, sodium valproate, topiramate

Other: donepezil hcl, methylphenidate hcl, vinpocetine

6.1.2 It appears from Ministry of Health lists that the names of most generic medicines are the same in Albanian as in English.

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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 Albania⁷⁰. Of these about 30% were on the 'reimbursable drugs' list⁷¹. 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'⁷².

6.2.2 A **complete list of drugs that are registered (and obtainable) in Albania, updated in 2024**, can be found on the [website of the National Agency for Medicines and Medical Devices](#) ('Agjencia Kombetare e Barnave dhe Pajisjeve Mjekesore')⁷³. (NOTE: Click on '**Regjistri i barnave - Shkarko**' to download the full pdf. list of medicines. The generic drug names are in

⁶⁷ US International Trade Administration, '[Healthcare Resource Guide: Albania](#)', October 2019

⁶⁸ Ministry of Health, '[Vendim Nr 491](#)', 24 July 2024

⁶⁹ Ministry of Health, '[List II: List of Reimbursed Drugs 2024](#)', 24 July 2024

⁷⁰ National Agency for Medicines and Medical Devices: '[Medicines Register](#)', updated to 6 June 2022

⁷¹ US International Trade Administration, '[Healthcare Resource Guide: Albania](#)', October 2019

⁷² Gabrani et al, '[Out of pocket payments and access to NCD medication in two...](#)', 10 August 2022

⁷³ National Agency for Medicines and Medical Devices, '[Home page](#)', updated in 2024.

Column C, under '**Principi Aktiv**'. Use <Control.F> to find any drug name quickly.)

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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 mental health services or psychotropic medicines* at the point of service, as patients are normally fully insured⁷⁴. (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 doctor⁷⁵.

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 persons⁷⁶.

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

⁷⁴ WHO, '[Mental Health Atlas 2020: Albania country profile](#)', 8 October 2021

⁷⁵ Journal of Educational and Social Research, '[Health Care Insurance...](#)', January 2015

⁷⁶ Journal of Educational and Social Research, '[Health Care Insurance...](#)' (page 51), January 2015

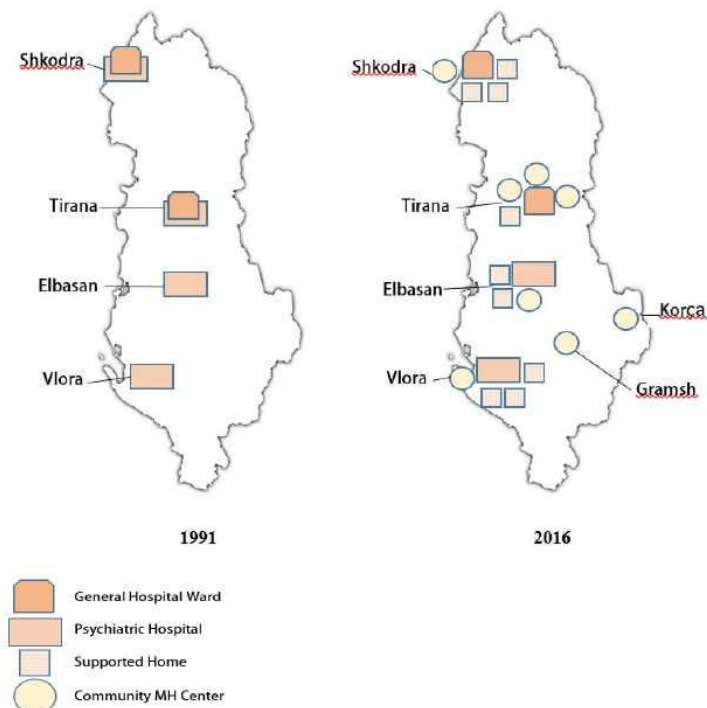
- Categories of persons as defined by special laws

Any persons who are not included in Compulsory Health Insurance are entitled to voluntarily join the compulsory scheme⁷⁷.

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7.3 Regional access to treatment

The following maps show that access to general hospitals with psychiatric wards, psychiatric hospitals, community mental health centres and ‘supported homes’, in areas outside Tirana, improved between 1991 and 2016⁷⁸:



- 7.3.1 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 charge⁷⁹. In the sources consulted, CPIT found no information to suggest that this process has changed since 2018 (see [Bibliography](#)).

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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 people believed to have an illness, disorder or other trait perceived to be

⁷⁷ Journal of Educational and Social Research, ‘[Health Care Insurance...](#)’ (page 51), January 2015

⁷⁸ Meuller R. ‘[Mental Health Reform and Postsocialism in Albania](#)’ (page 21), 1 December 2016

⁷⁹ Home Office, [Report of FFM to Albania](#), February 2018

undesirable.’ The study found that a higher percentage of the respondents showed a prejudice towards people with schizophrenia, as against alcoholics or people with diabetes⁸⁰.

- 8.1.2 In September 2024, the journal *Frontiers in Public Health* published a study of mental health awareness, stigma, and help-seeking attitudes among Albanian university students. The results indicated, for example, that:

‘Familial and cultural stigma among Albanians in the Balkans hinder open discussions and access to professional help ... Societal attitudes deeply rooted in Albanian cultural norms and traditional beliefs perpetuate stigma, limiting effective health care and help-seeking behavior.’⁸¹

- 8.1.3 The Albanian Ministry of Health and Social Care, in its Mental Health Action Plan for Albania 2023-2026, defined as its Strategic Objective 3.1: ‘Increasing mental health awareness interventions in order to address stigma, social exclusion and discrimination, with a sensitive approach to specific groups (children, adolescents, young people, women, the elderly, and health professionals).’⁸² Included among the measures to achieve this objective were:

‘Strengthening engagement and dialogue with young people on mental health issues, with a special focus on stigma and discrimination, and cooperation with public institutions in co-designing policies for their well-being and mental health;

‘Informing the population about the benefits of screening for signs of depression...aiming at reducing the stigma that has led to lower use of this component...;

‘Development of advocacy skills among users of mental health services, their caregivers or family members.’⁸³

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⁸⁰ Journal of European Psychiatry, ‘[Stigmatization of mental health problems in...](#)’, 23 March 2020

⁸¹ *Frontiers in Public Health*, [Mental health awareness, stigma, and...](#), September 2024

⁸² Ministry of Health, [Mental Health Action Plan, Albania 2023-2026](#) (page 30), no date

⁸³ Ministry of Health, [Mental Health Action Plan, Albania 2023-2026](#) (page 31), no date

Research methodology

The country of origin information (COI) 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 \(COI\)](#), April 2008, and the Austrian Centre for Country of Origin and Asylum Research and Documentation's (ACCORD), [Researching Country Origin Information – Training Manual](#), 2024. Namely, taking into account the COI's relevance, reliability, accuracy, balance, currency, transparency and traceability.

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
- whether the COI is consistent with and/or corroborated by other sources

Commentary may be provided on source(s) and information to help readers understand the meaning and limits of the COI.

Wherever possible, multiple sourcing is used and the COI compared to ensure that it is accurate and balanced, and provides a comprehensive and up-to-date picture of the issues relevant to this note at the time of publication.

The inclusion of a source is not, however, an endorsement of it or any view(s) expressed.

Each piece of information is referenced in a footnote.

Full details of all sources cited and consulted in compiling the note are listed alphabetically in the [bibliography](#).

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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. Accessed: 12 December 2024

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. Accessed 11 December 2024

[Annual Reports](#), no date. Accessed 11 December 2024

Albanian government: Ministry of Health and Social Care:

'[Decision No. 491](#)' ('Vendim Nr. 491') of 24 July 2024. (List of Medicines Reimbursed from the Compulsory Health Insurance Fund.) Accessed 11 December 2024.

[List II: List of Reimbursed Drugs 2024](#) ('Lista II: Lista e barnave të Rimbursuara 2024'). Accessed 11 December 2024

[National Agency for Medicines and Medical Devices](#): ('Agjencia Kombetare e Barnave dhe Pajisjeve Mjekesore' - AKBPM): Medicines Register ('Regjistri i barnave'), updated in 2024. Accessed 12 December 2024

[Mental Health Action Plan, Albania 2023-2026](#), no date. Accessed 9 December 2024.

Albanian Parliament, [Law no. 44 of 2012 'For Mental Health'](#), adopted 19 April 2012; as amended to 12 September 2024. Accessed 10 December 2024

Council of Europe:

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

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

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

European Bank for Reconstruction and Development (EBRD), [Transition Report 2023-24](#), quoting the Life in Transition Survey (LITS), IV., 21 November 2023. Accessed 20 December 2024

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. Accessed 23 November 2022

European Paediatric Translational Research Infrastructure (EPTRI), '[University Hospital Mother Teresa \(UHCT\)](#)', no date. Accessed 9 December 2024

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

European Union Agency for Asylum (EUAA) – MedCOI:

[About MedCOI](#), no date

[Methodology and sources](#), no date

Fastbase, [List of 21 Psychiatrist\[s\] in Albania](#), no date

Frontiers in Public Health, Duraku et al, [Mental health awareness, stigma, and help-seeking attitudes among Albanian university students in the Western Balkans: a qualitative study](#), September 2024

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. Accessed 9 December 2024

Human Rights Watch (HRW), '[Albanian Psychologists Prohibit Anti-LGBT "Conversion Therapy"](#)', 20 May 2020. Accessed 9 December 2024.

Institute of Cognitive Behavioural Therapy:

[Home page](#), no date. Accessed 3 December 2024

[What is CBT?](#), no date. Accessed 3 December 2024

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. Accessed 10 December 2024

MedCOI: Responses to information requests (by subscription):

Response dated 12 February 2020. Accessed: 30 December 2020

Response dated 27 January 2020. Accessed: 30 December 2020

Response dated 11 December 2019. Accessed: 30 December 2020

Response dated 5 November 2019. Accessed: 30 December 2020

Meuller R., University of Indiana: '[Mental Health Reform and Postsocialism in Albania](#)', 1 December 2016. Accessed 9 December 2024.

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

Order of Psychologists in the Republic of Albania, '[Annual Report 2022](#)', January 2023. Accessed 9 December 2024

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. Accessed 23 November 2022

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

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

United States Department of State, '[2023 Country Reports on Human Rights Practices](#)', 22 April 2024. Accessed 3 December 2024.

United States International Trade Administration, 'Healthcare Resource Guide: Albania', October 2019. Accessed 12 December 2024

University Hospital Centre “Mother Teresa” / Qendrës Spitalore Universitare “Nënë Tereza” (QSUNT), Tirana:

[Home page](#), no date. Accessed 3 December 2024

Neuro-Psychiatric Activity Sector (Sektori i [‘Aktivitetit Neuro-Psikiatrik’](#)), no date. Accessed 3 December 2024

Psychiatry Service ([‘Shërbimi i Psikiatrisë’](#)), no date. (Unofficial translation.) Accessed 3 December 2024

[Child Psychiatry Service](#) ([‘Shërbimi I Psikiatrisë Infantile’](#)), no date. (Unofficial translation.) Accessed 10 December 2024

[Alcohol Addiction Treatment Clinic](#), no date. (Unofficial translation.) Accessed 10 December 2024

The World Bank, [‘World Bank Country and Lending Groups’](#), 2021. Accessed 9 December 2024

World Health Organisation (WHO),

[‘Depression and Other Common Mental Disorders, Global Health Estimates’](#), 1 July 2019. Accessed 12 December 2024

[‘Mental Health Atlas 2020: Albania country profile’](#), updated 8 October 2021. Accessed 9 December 2024.

[Suicide mortality rate \(per 100,000 population\)](#), 8 January 2024. Accessed 12 December 2024

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. Accessed 10 December 2024

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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. Accessed: 11 December 2024.

Miratohet Lista e re e Barnave të Rimbursueshme, Koçiu: Shtohen 50 medikamente të reja, fishat e diabetit falas për invalidët e punës dhe personat me aftësi të kufizuar (New List of Reimbursable Medicines Approved, Koçiu: 50 new medications added, free diabetes cards for disabled workers and people with disabilities), 24 July 2024. Accessed 12 December 2024.

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. 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/>. Accessed: 12 December 2024

Borgen Project / Magazine, [Mental Health in Albania](#), 5 August 2023. Accessed 9 December 2024

Consorzio Per Valutazioni Biologiche E Farmacologiche, [University Hospital Centre "Mother Teresa"](#), no date. Accessed: 12 December 2024

Council of Europe, '[12th National Report on the implementation of...](#)', 27 November 2020. Accessed 12 December 2024

European Psychiatry, Jupe et al, [Stigmatization of mental health problems in Albania, ways of diminishing it](#), 23 March 2020, Accessed 9 December 2024

Journal of Health Policy and Outcome Research (JHPOR), [Incidence and prevalence of psychotic disorders, a county population study of Tirana hospital admissions](#), 7 January 2023. Accessed 12 December 2024.

World Health Organisation (WHO):

[World Health Statistics 2024](#), 24 May 2024. Accessed 10 December 2024

[Mental health systems capacity in European Union Member States,](#)

[Iceland and Norway, 2024](#). Accessed 10 December 2024

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Version control and feedback

Clearance

Below is information on when this note was cleared:

- version **3.0**
- valid from **16 January 2025**

Official – sensitive: Not for disclosure – Start of section

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Changes from last version of this note:

Updated to include country information published since November 2022 (Version 2)

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