

ALBANIA

The vision of the Joint Programme (JP): All children and adolescents achieve the highest possible standard of mental health and psychosocial well-being and development.

CONTEXT AND BACKGROUND

Albania is navigating important regional and demographic changes that offer a timely opportunity to strengthen support for children and adolescents, particularly in rural and minority communities. Migration and evolving family structures highlight the need for responsive, flexible systems that can support children and their families according to their diverse and changing needs. Key objectives that have been identified in the country include expanding access to inclusive, community-based mental health services, addressing stigma, and bolstering youth engagement

GLOBAL INDICATORS		JOINT PROGRAMME INDICATORS (UP TO 2025)	
Total population (000s)	2,880	Total individuals directly reached through the Joint Programme	15,730
Total child and adolescent population (000s)	579	Total individuals trained in child and adolescent mental health, psychosocial support and/or development	706
Suicide rates (per 100,000 population)	3.72	Total individuals predicted to reach through trained professionals, annually (<i>indirect reach</i>)	562,296
Stand-alone or integrated policy or plan for child and/or adolescent mental health	No	Total individuals reached through multisectoral care, and prevention/promotion services	14,964
Stand-alone or integrated strategy/policy/plan for suicide prevention	No	Total individuals with access to multisectoral care services (<i>indirect reach</i>)	3,157
Mental health workers in child and adolescent mental health services	60	Number of non-state actors and partners engaged	4
Integration of mental health into primary care is considered functional (self-rated 5 points checklist score; ≥ 4 = functional integration)	3		

Sources: *WHO Mental Health Atlas 2020*; *WHO Global Health Estimates, 2024*

KEY ACTIVITIES AND ACHIEVEMENTS ENABLING IMPACT

 Multisectoral leadership and coordination	 Multisectoral service delivery and care systems	 Promotion and prevention in mental health	 Data, evidence, and research systems
• Mental Health Committee focused on promotion and The National Mental Health Committee, created by Decision No. 539, formed a subcommittee dedicated to child and adolescent mental health • Gap Analysis reviewed legislation and identified needs for inclusive policies, as Technical Group revised child and adolescent mental health • 4 Regional Action Plans were developed through multisector consultations to advance national priorities for children’s and adolescents’ mental health services • An advocacy plan was co-created with adolescents to raise awareness and reduce stigma in mental health community	• Supported the development of integrated pathways for identifying, referring, and caring for children and adolescents with mental health needs, establishing protocols, roles, and competencies aligned with MhGAP. • Produced a school guidebook and trained 36 psychosocial staff to strengthen support in educational settings. • The IFightDepression platform was introduced in two regions to enhance adolescent self-management of depression. • Trained 195 PHC professionals on postpartum mental health and delivered 15 training sessions for 316 providers using a new CAMH care package.	• A new guide for non-professional providers and caregivers was developed to strengthen strategies promoting adolescent mental health and reducing self-harm risks. • Translated the “Magnificent Mei and Friends” school materials to support mental health promotion. • Engaged youth in anti-stigma campaigns and a summer camp that generated local initiatives in four regions. • Hosted 43 school sessions reaching 1,207 students, while around 400 young people designed community-based mental health solutions through UpShift activities.	• A secondary analysis of the 2022 HBSC survey was completed, examining children’s and adolescents’ mental health in relation to sociodemographic, behavioral, and COVID-19 factors. Findings were shared in three subnational consultations with over 60 professionals and presented to the Parliamentary Commission and the “friends of children” group, strengthening advocacy for improved services. • Supported drafting a monitoring and evaluation framework, and five training sessions were held for 81 LHCUs staff to enhance mental health monitoring capacities.

KEY STAKEHOLDERS AND PARTNERS

Albania’s Joint Programme engages the Ministry of Health and Social Protection, along with other key sectors. Key partners include the Institute of Public Health, Institute for Quality Assurance in Education, Local Health Care Units, school psychosocial services, municipal representatives, psychiatric facilities, and NGOs supporting youth engagement and community mental health efforts.

FUTURE OUTLOOK AND PRIORITIES MOVING FORWARD

 Multisectoral leadership and coordination	 Multisectoral service delivery and care systems	 Promotion and prevention in mental health	 Data, evidence, and research systems
• Sustain support for the national subcommittee programming on child and adolescent mental health and implementation of the four regional action plans. • Leverage policy analysis to strengthen existing legislation and identify gaps in child and adolescent mental health care.	• Support an integrated demonstration project in Tirana to model cross-sector service coordination, alongside expansion of iFightDepression, HAT, and school-based interventions.	• Sustain support for the national subcommittee programming on child and adolescent mental health and implementation of the four regional action plans.	• Advance implementation of the monitoring framework and youth-led advocacy efforts while strengthening systems for routine data collection and use.