

The Path to Mental Healthcare Reform in the NIS

BY ZOYA SHABAROVA

Ten years ago it would have been unimaginable to hold an open house at a psychiatric hospital in the NIS. Now it's a regular occurrence at the Kiev City Mental Hospital #1. Family, friends, reporters with still and video cameras, foreign guests, and anyone from the general public can come to the hospital during the open house, enter the departments and wards, and see for themselves where and how people with mental illnesses are treated.

Greater transparency in the mental health system, exemplified by this open house, was made possible by a combination of specific democratic transformations in Ukrainian society and many years of work by progressive-thinking psychiatrists who understood the need for radical changes in the nation's mental healthcare system. The work of these individuals was further rewarded in February 2000 when the Supreme Soviet of Ukraine adopted the Mental Health Care Act, which led to the legislative ratification of many positive mental health initiatives.

The groundwork for the reform of psychiatric care currently being undertaken by many countries of the former Soviet Union was laid in 1988 when the USSR Supreme Soviet adopted the "Statute on the Conditions and Manner of Provision of Psychiatric Care." Assistant Professor Oleg Nasinnyk of the Psychiatry Department at the Kiev Postgraduate Medical Academy has identified four major areas of reform in Ukraine that have grown out of this statute.

The first is the deinstitutionalization of persons who, for various reasons, were incorrectly diagnosed with mental illnesses. Special expert consulting boards—and when necessary, courts—reviewed previous decisions to determine whether a person should remain institutionalized. In some court hearings, psychiatrists defending the interests of patients participated on the behalf of people victimized by the psychiatric service. As a result, many people have been deinstitutionalized and cleared of the social stigmas associated with psychiatric diagnoses. This movement has helped to restore public confidence in psychiatric services.

The second impact of the statute is that acceptable reasons for emergency admission to a psychiatric hospital have been

greatly limited and the approval procedure for such admissions has been modified. Now only a court can decide whether a person has been properly admitted, and a patient can contest a hospital's diagnosis in court. Gone are the days when the psychiatrist alone decided a patient's fate and everything depended solely on the physician's professionalism and ethics. Considerably more attention is now being paid to the patient's rights and interests, and these have been codified into law.

The third important area of reform traceable to

the statute has to do with changes in the system for providing psychiatric care. The procedure for designating someone as a psychiatric patient has been changed, and the list of mental illnesses that qualify as psychiatric conditions has been drastically curtailed. This has alleviated people's fear of the social repercussions of being listed, and thus individuals have begun to seek psychiatric help on a more voluntary basis. General hospitals have opened wards for borderline conditions, and district polyclinics have opened psychiatric offices, which has improved the accessibility of psychiatric help. Also, mental illnesses are now being diagnosed according to the ICD-10 international classification of disease.

The final area of mental healthcare reform affected by the



Educational brochures and pamphlets are available for patients and their families at Psychiatric Hospital #2 in Kiev.

Photo: Kathryn Ulan.



statute is the creation of non-governmental organizations (NGOs). For example, a Ukrainian Psychiatrists Association was formed in 1991, which in turn has advocated the creation of societies for relatives of the mentally ill and for mental health support foundations. This year, with the association's help, an All-Ukrainian Society of Mentally Disturbed Persons is being formed. The principal focus of these NGOs is to support people suffering from or succumbing to mental illness. In addition, the Ukrainian Psychiatrists Association publishes specialized literature on psychiatry and social work, strives to protect patient interests, and is helping to create a regulatory frame-

work to humanize psychiatry and increase public confidence in psychiatric service.

In the opinion of Yuri Yudin, head of the Psychiatric Care Department at Kiev City Health Administration, the future of psychiatric care in Ukraine lies in its decentralization and possible incorporation into a territorial model of primary medical care. To this end, a model is being developed in which the extensive system of existing psychoneurological clinics takes on the

functions of mental health centers and cooperates with family doctors and social workers with the support of territorial self-governing bodies. The AIHA Kiev/Philadelphia partnership is working to implement this idea in the Kharkiv District of Kiev by developing a way to successfully integrate primary mental health services into the structure of the primary health-care center. Together with the AIHA-sponsored Mental Health Task Force, the partners

- have developed a model of the primary mental care services at the primary health care center;
- are working to develop clinical primary mental health standards of care for patients at the early stages of psychosomatic and psychological illnesses;
- are preparing to hold a conference to introduce the new model to representatives of other partnerships and the medical community; and
- are developing a series of training modules for primary medical care practitioners, psychologists, and social workers.

In spite of the progress made to date, Drs. Yudin and Nasinnyk say they still have much to do in the difficult job of reforming psychiatric care. As Dr. Nasinnyk explains, "We still have to develop an effective system of coordination between

health workers, services, and organizations addressing mental health issues. The mental healthcare reforms are facing obstacles." Urgent tasks include training psychiatrists and retraining those specialists still encumbered with outdated knowledge and skills. Additionally, psychologists, psychotherapists, social workers, and recuperative therapists must be taught modern assessment and diagnostic tools, as well as treatment techniques. Appropriate standards of psychiatric care must be developed. And the concept of psychiatric care as a component of medical care must be accepted and supported by the government, public health agencies, and the population in general.

The experience of Ukraine is similar to that of other NIS countries, with some differences. Professor George Naneishvili, director of the Georgian Research Institute of Psychiatry, says the chief priority of the development of psychiatric services in the Republic of Georgia is the organization of a democratic and open system of psychiatric care aimed at the rehabilitation and social reintegration of psychiatric patients. The strategy of Georgia's 2001-2009 State Mental Health Protection Program includes the formation of new, and the expansion of existing, psychoneurological offices for adults, adolescents, and children, and will involve a variety of organizations from both the public and private sectors. The principal objectives of improving psychiatric care within the overall system of health reforms in Georgia are reducing the incidence of:

- suicide and self-injury among adolescents;
- mental illness among children and adolescents; and
- stress-related mental illness among adults.

Georgia plans to develop a national suicide prevention strategy, improve the operation of pediatric and adolescent psychiatric offices and inpatient clinics, and create and expand psychosocial rehabilitation services.

The psychiatric service of Azerbaijan also lists the social and psychological well-being of children and adolescents—especially refugees—among its priorities. The Chief Psychiatrist of Azerbaijan, Professor Aghabey Qasimbey oglu Sultanov, head of the Psychiatry Department at Azerbaijan State Medical University, ranked these issues alongside such problems as depression and suicide. Professor Sultanov notes that important areas for mental healthcare reform are to establish normal conditions for patient treatment, address social issues, and protect patient rights. Azerbaijani lawmakers have drafted an Azerbaijani Mental Health Care Act and submitted it to the Milli Majlis (Parliament) for ratification. The bill's basic provisions are the protection of patient rights and the review of indications for involuntary commitment.

The implementation of the president's decree on the guar-

... the future of psychiatric care in Ukraine lies in its decentralization and possible incorporation into a territorial model of primary ... care.

antee of psychiatric services and human rights is one of the most important objectives in the development of psychiatric services in Kazakhstan, according to Professor Zhuldyzbek Alimkhanov, president of the National Association of Psychiatrists and Narcologists of Kazakhstan. Other priorities include improving the provision of free medical care to the mentally ill and reintegrating them into society. To this end, Kazakhstan has begun teaching family physicians about mental healthcare issues. For instance, at the Institute for Continuing Medical Education, the Psychiatry Department has joined forces with the Family Medicine Department to organize a five-day training seminar for family doctors, to enable primary care providers to recognize mental illnesses, refer patients for treatment, and participate in subsequent rehabilitation.

Mental healthcare in Russia is undergoing comprehensive reform under the National Program for Improvement of Psychiatric Care and the state's goal-oriented health policy. The Mental Health Care and Citizen Rights Guarantee Act was adopted in July 1992; its drafting involved legal experts, psychiatrists, and members of the Independent Psychiatric Association. The act's adoption was followed by a broad campaign to publicize its provisions, as well as the development of conforming legislation. Statutes were approved regarding institutions providing in- and out-patient psychiatric care; production-therapeutic state enterprises for work therapy, study of

new vocations, and job placement at those enterprises; and dormitories for persons suffering from mental illnesses. An important aspect of the reforms has been the involvement of social workers and psychologists in the provision of mental healthcare and the development of a procedure for their training and retraining. Their functional duties have also been redefined. Furthermore, in 1999, the Ministry of Health issued an order regulating the provision of medical care to senior citizens.

While there is much work to be done in the area of mental health, many NIS countries are rising to the challenge as they see the benefits of treating mental health within a continuum of healthcare issues. Oleksandr Serdyuk, First Deputy Head of the Kharkiv Oblast Health Administration and member of the AIHA Mental Health Task Force, summed up the problem of reforming mental healthcare, stating, "We must abandon the existing and largely still medieval paradigm in psychiatry and begin to shift the focus to caring for patients in a familiar setting, and to minimizing the duration and frequency of patient isolation. This assumes the creation of an extensive network of local facilities and small crisis centers, the integration of psychiatric care into the general health care system, and the creation of infrastructure for providing social assistance to patients."

Zoya Shabarova is the former regional director of AIHA's West NIS office. She currently resides in The Netherlands, where she works as a consultant for AIHA. She can be reached at zoya@dds.nl.