



## special articles

Psychiatric Bulletin (2005), 29, 144–146

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### **A 7-year partnership between psychiatric services in Russia and the UK**

Historically, relationships with mental health professionals working in Russia have been difficult to sustain due to problems with access and perceived human rights infringements that existed earlier (Poloahij, 2001). This has resulted in many Russian psychiatric institutions having little opportunity to collaborate in international research or to take part in exchanges of information on service development. However, with the dissolution of the Soviet Union in 1991, Russia has been brought back into spheres of international cooperation in healthcare.

#### **Funding for partnerships**

The Health Sector Small Partnership (HSSP) scheme for Russia was established by the Charities Aid Foundation in 1994 to support UK non-governmental organisation links with the health sector in Russia. It was hoped that this would lead to sustainable partnerships. The scheme ceased operating in 2002.

We describe a series of four linked projects in Russia from 1995 to 2002, which we completed with funding of £55 000 from the HSSP.

#### **The projects**

The initial project arose through a link between North Staffordshire and Volgograd funded by the HSSP to set up networks within a range of health services and statutory bodies in the two areas. A successful bid for £10 000 to the HSSP in 1995 allowed the development of partnerships with psychiatric services operating in North Staffordshire and Volgograd.

The city of Volgograd, formerly Stalingrad, is the administrative centre of the Volgograd region, located in southern Russia. The Volgograd region has a population of 2.7 million, which includes 1.1 million people who live in Volgograd itself. North Staffordshire is located in the West Midlands and has a catchment population of 480 000 split between urban and rural locations.

The aims of the project were to conduct an initial field visit to Volgograd to assess areas of work where a joint approach would be appropriate, to share and

disseminate good practice in both the management of psychiatric institutions and the development of community outreach services, and to provide the opportunity for psychiatrists and other health care professional colleagues from Volgograd to visit the UK to observe a variety of models of service provision. From 1994 to 2002, a series of joint projects was undertaken, supported by continued funding from the HSSP.

#### **What has been achieved?**

A review of the project reports submitted jointly by the partners to the funding agency shows three main outcomes of this 7-year project.

#### **Development of a general psychiatric ward as a centre of excellence**

The first was the development of an unlocked ward as a centre of excellence in district psychiatric hospital no. 2 in Volgograd, which in 1994 consisted of 300 beds; all the wards were locked and very large by Western standards. Exchange visits by psychiatric nursing staff and psychiatrists enabled a good working relationship to develop between the two centres, and a visit to Volgograd by two clinical ward managers in 1996 resulted in a series of workshops with the nurses to discuss issues surrounding the work of acute wards, the development of modern technologies and therapeutic approaches. A comprehensive operational policy for the new unit was completed and identified training needs for nursing staff in the areas of management of violence and aggression. Two nursing staff from Volgograd were provided with English language training and seconded to the UK for training to Royal College of Nursing standards as instructors in prevention and management of violence and aggression (PAMOVA). The material for the PAMOVA course was adapted and translated into Russian for use as a training manual.

A review of the project in 1997, used as a submission for further funding, identified the key to its success as being the positive changes in the work of healthcare professionals in Volgograd effected by this partnership.



Subsequent field visits to the hospital enabled the UK team to see the new adult unit operating as an unlocked facility with planned home leave and modern treatment methods.

## Creation of a new children's psychiatric unit

The second significant outcome area was the re-provision of an outdated children's psychiatric ward, which was contained within the main psychiatric hospital and had limited treatment facilities for providing modern medical care. This 45-bedded unit was split into two areas: female and male. The treatment was limited and included the use of medication only. In their free time, the children could watch TV programmes and had a limited number of toys. The rooms were overcrowded and the children had no personal possessions. This unit was identified by the Russian partners as one in which they wished to implement radical change. Through the project, visits to UK units were provided, with exposure to best practice models for children's psychiatric units, and support was given to the development of operational policies and detailed planning briefs. The plan was initially to refurbish the existing ward and then move to a purpose-designed 60-bedded children's psychiatric unit. The refurbishment was completed in 1995, and by 1996 the children's unit had been rehoused in a former kindergarten building and was operating in line with accepted modern standards. The budget to refurbish the building was 1.5 million roubles (equivalent to £220 000 in 1995), with the necessary revenue available on an ongoing basis for the staff of 148, consisting of nurses, psychiatrists, psychologists, psychotherapists, occupational therapists, social workers and teachers.

## Creation of a drug treatment and rehabilitation centre for young people

The third major outcome was the creation of a new drug rehabilitation unit for young drug users to replace an overcrowded detoxification unit in a hospital. This project, which commenced in 1998, explored joint work with the toxicology services in Volgograd and built on the clinical networks developed through the earlier projects.

Following a series of exchange visits by the partner agencies, an operational policy for a 100-bedded drug rehabilitation unit was written and translated and used to develop the Substance Abuse Rehabilitation Centre (SARC).

The UK visits enabled the Russian team to experience a variety of treatment models, based on currently recognised clinically effective multidisciplinary models and exposed the Volgograd team to the importance of the involvement of users and carers in developing support systems.

The project enabled the UK partners to share their experience of developing a new service with the Russian partners. Project management documentation was translated into Russian and meetings were held in the UK

with experts in the field of financing capital schemes, including exposure to the principles of the Private Finance Initiative.

Opened in 2001, the new unit and service model operational in Volgograd provides a tiered whole system service including primary care-based services. The unit commissioned and held a conference on drug treatment attended by clinicians from across Russia and submitted a report on drugs to the Holland branch of the United Nations organisation of doctors, which campaigns against drug abuse, 'Doctors Against Drugs'.

## Conclusions

A key to our success in effecting change in the psychiatric services in Volgograd has been the development of networks over a period of 7 years with a variety of agencies, which have allowed unparalleled access to a wide range of mental health facilities. Our joint reports to the HSSP have shown the power of external validation of plans for service change in enabling release of funding for the general psychiatric ward, the SARC and the children's ward, despite the severe economic problems of health services in Russia during this period.

The ongoing professional relationship and friendship which developed between the UK and Russian partners had mutual benefits in developing an openness in acknowledging the strengths and weaknesses of healthcare systems in contrasting settings. The exchange visits gave the Russian partners the opportunity to experience a wide variety of treatment models and to select the most appropriate elements of these for implementation in Volgograd. The exchange visits to Volgograd gave the UK partners an opportunity to review the basic principles of service provision, where resources are limited but enthusiasm for change is plentiful.

The success of these projects has to a great extent been dependent on the skill of our translator, who provided a professional service, both on visits and as a link between visits; differences in language and culture can, with the aid of a skilled interpreter, become an opportunity for personal and professional learning rather than a barrier.

This project has shown the value of investment in partnership projects over an extended period of time. Evidence from other projects has shown that where foreign experts are too anxious to propagate their own view of how things should be done, projects have not been successful (Health Sector Small Partnership, 1997). Mutual trust and joint learning are key indicators for success. Fleming (1991) reported on substance misuse services in the USSR, and found that there was a willingness to tackle problems and to discuss traditional approaches critically. Gordon & Meux (2000), in discussing forensic psychiatry in Russia, conclude that Russian psychiatric colleagues have a strong desire to be fully integrated into the world psychiatric community and that this is best achieved by links being continued, nurtured and enhanced.



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## Declaration of interest

The authors were recipients of grants totalling £55 000 from the HSSP for these projects.

## Acknowledgements

Tina Jebb, the recipient of SPS 003, initiated this series of projects. Lera Karpova-Barber was the translator for all of these projects and we are indebted to her for her services. North Staffordshire Combined Healthcare NHS Trust granted us special leave to undertake these projects, and provided financial support and accommodation for the UK-based visits. The funding board of the HSSP enabled this long-term partnership to develop.

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