

The unmet mental health needs of the Afghan people are enormous. The challenge to increase the capacity of the mental health sector will remain huge over the coming years.

There is no postgraduate training in psychiatry and mental health is hardly represented in the undergraduate curricula for medical doctors, nurses or midwives. Psychologists at Kabul University are trained but there are no training institutes for clinical psychology, psychiatric nursing or social work.

## Conclusion

The unmet mental health needs of the Afghan people are enormous. The challenge to increase the capacity of the mental health sector will remain huge over the coming years. Sustained efforts of government, NGOs, institutional donors and United Nations bodies are needed to expand the coverage of basic mental healthcare and psychosocial services to the whole population of Afghanistan.

## References

- Amowitz, L. L., Heisler, M. & Iacopino, V. (2003) A population-based assessment of women's mental health and attitudes toward women's human rights in Afghanistan. *Journal of Women's Health*, **12**, 577–587.
- Baingana, F., Bannon, I. & Thomas, R. (2005) *Mental Health and Conflicts: Conceptual Framework and Approaches*. Washington, DC: World Bank.
- Bolton, P. & Betancourt, T. S. (2004) Mental health in postwar Afghanistan. *Journal of the American Medical Association*, **292**, 626–628.
- Dadfar, A. (1994) The Afghans: bearing the scars of a forgotten war. In *Amidst Peril and Pain. The Mental Health and Well-being of the World's Refugees* (eds A. J. Marsella et al), pp. 125–139. Washington, DC: American Psychological Association.

- De Berry, J. (2004) Community psychosocial support in Afghanistan. *Intervention*, **2**, 143–151.
- Fatimi, M. A. (2004) Health priorities in the coming five years. Statement by the Minister of Public Health. Kabul: Ministry of Public Health.
- Government of Afghanistan (2003) *Basic Package of Health Services*. Kabul: Ministry of Public Health.
- Human Rights Watch (2003) *Killing You Is a Very Easy Thing For Us. Human Rights Abuses in Southeast Afghanistan*. New York: HRW.
- International Campaign to Ban Landmines (2001) *Landmine Monitor Report 2001*. Available at <http://www.icbl.org/lm/2001/report>
- Lopes Cardozo, B., Bilukha, O. O., Crawford, C. A., et al (2004) Mental health, social functioning, and disability in postwar Afghanistan. *JAMA*, **292**, 575–584.
- Mohit, A., Saeed, K., Shahmohammadi, D., et al (1999) Mental health manpower development in Afghanistan. A report on a training course for primary health care physicians. *Eastern Mediterranean Health Journal*, **5**, 373–377.
- Scholte, W. F., Olf, M., Ventevogel, P., et al (2004) Mental health problems following war and repression in eastern Afghanistan. *Journal of the American Medical Association*, **292**, 585–593.
- Todd, C. S., Safi, N. & Strathdee, S. A. (2005) Drug use and harm reduction in Afghanistan. *Harm Reduction Journal*, **2**, 13. Available from <http://www.harmreductionjournal.com/content/2/1/13>
- UNICEF (2005) *State of the World's Children 2005*. New York: United Nations Children's Fund.
- UNODC (2003) *Community Drug Profile 5: An Assessment of Problem Drug Use in Kabul City*. Kabul: United Nations Office for Drugs Control. Available at [http://www.unodc.org/pdf/afg/report\\_2003-07-31\\_1.pdf](http://www.unodc.org/pdf/afg/report_2003-07-31_1.pdf)
- van de Put, W. (2002) Addressing mental health in Afghanistan. *Lancet*, **360** (suppl.), S41–S42.
- Ventevogel, P. & Kortmann, F. (2004) Developing basic mental health modules for health care workers in Afghanistan. *Intervention*, **2**, 43–54.
- Ventevogel, P., Azimi, S., Jalal, S., et al (2002) Mental health care reform in Afghanistan. *Journal of Ayub Medical College, Abbottabad*, **14** (October–December), 1–3.
- Waziri, R. (1973) Symptomatology of depressive illness in Afghanistan. *American Journal of Psychiatry*, **130**, 213–217.
- World Bank (2004) *World Development Report*. New York: Oxford University Press.

## COUNTRY PROFILE

# Psychiatry in Ukraine

Semyon Gluzman<sup>1</sup> and Stanislav Kostyuchenko<sup>2</sup>

<sup>1</sup>Executive Secretary, Ukrainian Psychiatric Association, Kiev, Ukraine, email [upa2@i.com.ua](mailto:upa2@i.com.ua)

<sup>2</sup>Lecturer, Psychiatry Department, Kiev Medical Academy of Postgraduate Training, Ukraine

**Ukraine, at 603 700 km<sup>2</sup>, has the second largest landmass in Europe. It has a population of about 47.4 million. Ukraine is a lower-middle-income country with a gross national income per capita of US\$1 260 (World Bank, 2002).**

## Healthcare

The health and well-being of the Ukrainian population, as in other former Soviet countries, are generally very poor. Life expectancy at birth is 69.7 years (64.4 years for men and 75.3 years for women). Overwhelmingly the most important reason for this is the combination of poverty, poor diet and living conditions, and lifestyle factors such as tobacco and alcohol use. Cardiovascular disease and trauma (accidents and poisonings) are the two most common causes of death, followed by cancer (UNDP & UNICEF, 2002).

Healthcare expenditure amounts to 3.5% of gross domestic product. In-patient care accounts for two-thirds of total healthcare expenditure. The number of physicians per 100 000 is 229; hospital bed provision is 903.2 per 100 000 (1998 figure), much in line with the average of 812.0 per 100 000 across Europe.

During the past 10–15 years government programmes have sought to strengthen primary health-care on the basis of family medical practice, to develop a system of health insurance, and to create the conditions for private medical practice. A key feature of the current situation in Ukraine is the low level of remuneration for doctors and other healthcare staff (International Labour Office, 2001).

## Mental health services

In-patient psychiatric care is delivered in 89 psychiatric hospitals. Of a total of 44 812 psychiatric beds, only

In-patient psychiatric care is delivered in 89 psychiatric hospitals. Of a total of 44 812 psychiatric beds, only 1468 are in general hospitals.

1468 are in general hospitals. There are also 6535 beds in 40 in-patient drug misuse facilities. The main features of the network of mental health services are their centralised structure, their focus on patients with a psychosis and their relative separation from other medical services.

## Mental health legislation

The Law on Mental Healthcare was adopted by the Ukrainian Parliament in February 2000. It defines the legal and organisational principles for the provision of psychiatric care to citizens. The Law also defines forms of mental healthcare and the legal basis for psychiatric assessment, as well as for out-patient and in-patient treatment. For the first time, the Law set up a system for the provision of involuntary psychiatric care. Also, the responsibilities of state authorities with respect to the protection of the rights and legitimate interests of persons with mental disorders are defined in the Law. Further, it sets out the rights and obligations of the persons responsible for the provision of psychiatric care.

## Training

The graduate 6-year study programme in a medical university includes an obligatory 54 hours of training in medical psychology and 108 hours of training in psychiatry. Internship to become a specialist in psychiatry lasts 2 years. The programme includes some training in child psychiatry, the treatment of substance misuse, psychotherapy and neurology, but most of the training is in adult psychiatry.

After 3 years of work as a physician after graduation from medical university it is possible to receive training in the following specialties: psychiatry, child psychiatry, the treatment of substance misuse (in Ukraine and other post-Soviet countries this is a separate specialty named narcology), psychotherapy and sexology. This training takes 4–5 months.

Every psychiatrist should receive at least 1 month of professional training once every 5 years.

## Resources

The state network of mental health services employs 3477 psychiatrists (7.33 per 100 000 population); of this total, 1783 work in out-patient facilities, 238 are psychotherapists, 94 are forensic psychiatrists and 1317 are narcologists (2.78 per 100 000). Other mental health professionals, such as nurses, psychologists, occupational specialists and social workers, are not included in the official statistics. Also, there are private mental health and substance misuse services, primarily in large cities, but again statistics are unavailable.

## Research

There are wide networks of scientific institutions and departments of psychiatry at medical universities.

However, few papers reporting Ukrainian research in the field of mental health appear in the world literature.

In 2002 the Ukrainian Psychiatric Association, in collaboration with Division of Epidemiology of the Department of Psychiatry at the State University of New York at Stony Brook and Kiev's International Institute of Sociology, conducted the first epidemiological survey of mental health and substance use disorders. This found that close to one-third of the population experienced at least one psychiatric illness in their lifetime, 17.6% had experienced an episode in the past year and 10.6% had a current disorder. There was no gender difference in the overall prevalence rates. In men, the most common diagnoses were alcohol disorders (26.5% lifetime) and mood disorders (9.7% lifetime); in women, they were mood disorders (20.8% lifetime) and anxiety disorders (7.9% lifetime). The rates of treatment seeking were very low. The person to whom respondents talked most often about their symptoms was their general medical provider. For lifetime mood disorders, 16.6% talked to a professional; for anxiety disorders, the figure was 21.1%. The rates were higher in those with more severe forms of these disorders. Thus, for the subgroup of respondents with mood disorder who acknowledged suicidal thoughts, the percentage who talked to a professional was 25.1%.

## The Ukrainian Psychiatric Association

The Ukrainian Psychiatric Association (UPA) is a non-governmental, non-profit organisation working in the field of psychiatry and professional training. It was founded in 1990. The UPA has become a leader among the similar organisations in Eastern Europe and Central Asia. It is an information centre for psychiatrists, psychiatric nurses, psychologists, lawyers and politicians working in the field of mental health and health system reform.

Since its inception, the UPA has considerably widened its network: there are now 31 UPA branches and more than 800 members. A priority for the UPA is to diminish the 'information isolation' of Ukrainian medical specialists.

In 1990 the UPA founded its special Experts' Commission for rendering social and legal assistance to mental health service users and their relatives. It provides assistance on a daily basis to all those who appeal to it. People appeal to the Commission with requests to protect their rights. The experts working on it represent the interests of people with psychiatric illnesses in the courts and provide juridical and social assistance to them. Their activities are wide in scope: specialist consulting; legal assistance (including representation in court); the assistance of forensic psychiatrists (including support in courts); the provision of consultations by forensic psychologists; psychological help; and the attendance of a social worker. The

In men, the most common diagnoses were alcohol disorders (26.5% lifetime) and mood disorders (9.7% lifetime); in women, they were mood disorders (20.8% lifetime) and anxiety disorders (7.9% lifetime).

The UPA has become a leader among the similar organisations in Eastern Europe and Central Asia. It is an information centre for psychiatrists, psychiatric nurses, psychologists, lawyers and politicians working in the field of mental health and health system reform.

The UPA publishes two periodicals, in Ukrainian, the *Review of Contemporary Psychiatry* and the *UPA Bulletin*. These are distributed not only to psychiatrists in Ukraine and other ex-Soviet countries, but also to psychiatric patients and their relatives.

For the first time in this country a competent and determined person has been appointed to the post of the Chief Psychiatrist.

Commission has registered an increase in the number of cases pertaining to human rights and psychiatry abuses. This serves to confirm, unfortunately, the inadequacy of government assistance. The UPA's Expert Commission regularly informs the mass media, legal and law-enforcement authorities in relation to the human rights of people with a mental illness in Ukraine. The UPA more generally fulfils an important societal service, through its independent expert groups, in carrying out regular monitoring of human rights abuses in the field of psychiatry. The UPA provides assistance and consultations without charge. Since its establishment in 1990, the UPA has been actively engaged in overcoming the stigmatisation of psychiatric patients in Ukraine.

The UPA publishes two periodicals, in Ukrainian, the *Review of Contemporary Psychiatry* and the *UPA Bulletin*. These are distributed not only to psychiatrists in Ukraine and other ex-Soviet countries but also to psychiatric patients and their relatives. Moreover, the UPA has assisted in starting other journals, such as *Social, Psychological and Medical Aspects of Cruelty* and *Social Policy and Social Work*.

The research activities of the UPA have included the implementation of programmes in the following fields:

- sociological – 'monitoring of human rights observance', 'public opinion on mental health and psychiatric illness'
- economic – 'provision of a basic economic rationale of psychiatric system reorganisation'
- epidemiological – 'mental health of children', 'Chernobyl disaster victims', 'alcoholism and mental disorders in Ukraine'
- historical – 'history of psychiatry in pre-revolutionary and Soviet periods'

In addition, a special project has been launched on the adaptation of ICD-10 in Ukraine, in cooperation with American psychiatrists.

## Conclusion

The outline above reflects only one aspect of the situation, the formal one, as described by many international experts from the World Bank and other agencies.

The situation has another side, however, and it is a sad one. As in all post-Communist states, our psychiatric service is archaic (it does not correspond to the political, legal and economic realities of the country), ineffective and costly. The principles of evidence-based medicine are ignored within the

system of psychiatric services. The collection of medical statistics, for example, is archaic and not of the best quality. Epidemiological studies (in the Western sense of the term) have not been carried out in this country. Financial institutions have never sought to examine the cost-effectiveness of the existing mental health system, responsibility for which is dispersed across at least seven government ministries and departments.

The Ministry of Healthcare of Ukraine formally admits the use of out-of-date, exotic and harmful methods of treatment (ranging from the well known sulfazine of Soviet punitive psychiatry to unmotivated psychosurgical intervention and inadequate application of electroconvulsive therapy).

Only recently has there emerged some hope that the system will be improved. For the first time in this country a competent and determined person has been appointed to the post of the Chief Psychiatrist. Hope is also inspired by the establishment of a national service users' association, the activism of the officers of the Department of Mental Health and Substance Dependence, and the World Health Organization's collaboration with various partners in this country.

## References and further reading

- Adams, R. E., Bromet, E. J., Panina, N., et al (2002) Stress and well-being in mothers of young children 11 years after the Chernobyl nuclear power plant accident. *Psychological Medicine*, **32**, 143–156.
- Bromet, E. J., Gluzman, S. F., Paniotto, V. I., et al (2005) Epidemiology of psychiatric and alcohol disorders in Ukraine. Findings from the Ukraine World Mental Health survey. *Social Psychiatry and Psychiatric Epidemiology*, **40**, 681–690.
- Bromet, E. J., Goldgaber, D., Carlson, G., et al (2000) Children's well-being 11 years after the Chernobyl catastrophe. *Archives of General Psychiatry*, **57**, 563–571.
- Drabick, D. A., Gadow, K. D., Carlson, G. A., et al (2004) ODD and ADHD symptoms in Ukrainian children: external validators and comorbidity. *Journal of the American Academy of Child and Adolescent Psychiatry*, **43**, 735–743.
- International Labour Office (2001) *Healthcare in Central and Eastern Europe: Reform, Privatization and Employment in Four Countries*. A report to the International Labour Office. Geneva: ILO.
- UNDP & UNICEF (2002) *The Human Consequences of the Chernobyl Nuclear Accident: A Strategy for Recovery*. <http://www.undp.org/dpa/publications/chernobyl.pdf>
- Webb, C. P., Bromet, E. J., Gluzman, S., et al (2005) Epidemiology of heavy alcohol use in Ukraine: findings from the world mental health survey. *Alcohol and Alcoholism*, **40**, 327–335.
- WHO World Mental Health Survey Consortium (2004) Prevalence, severity, and unmet need for treatment of mental disorders in the World Health Organization World Mental Health Surveys. *JAMA*, **291**, 2581–2590.
- World Bank (2002) *World Development Report*. Washington, DC: World Bank.

Board of International Affairs at the conference of the American Psychiatric Association

The Pan-American Division of the College has organised the symposium on 'Migration and Mental Illness Around the World'; College members and fellows from seven countries will be speaking. It forms part of the conference academic programme and will be held on 22 May at 2–5 p.m., at the Toronto Convention Center, North Level 100, room 104C.

All College members attending the annual meeting of the American Psychiatric Association in Toronto are welcome to attend the reception organised by the Pan-American Division, which will be held on Monday, 22 May at 6.30–8.30 p.m., at the Sutton Place Hotel, at Wellesley and Bay Streets, in the Royal Sutton room A on the lobby level.

*Bulletin of the Board of International Affairs of the Royal College of Psychiatrists*