

Estonia

General Information

Estonia is a country with an approximate area of 45 thousand sq. km. (UNO, 2001). Its population is 1.308 million, and the sex ratio (men per hundred women) is 85 (UNO, 2004). The proportion of population under the age of 15 years is 15% (UNO, 2004), and the proportion of population above the age of 60 years is 22% (WHO, 2004). The literacy rate is 99.8% for men and 99.8% for women (UNESCO/MoH, 2004).

The country is a higher middle income group country (based on World Bank 2004 criteria). The proportion of health budget to GDP is 5.5%. The per capita total expenditure on health is 562 international \$, and the per capita government expenditure on health is 438 international \$ (WHO, 2004).

The main language(s) used in the country is (are) Estonian. The largest ethnic group(s) is (are) Estonian (two-thirds), and the other ethnic group(s) are (is) Russian (one-fourth). The largest religious group(s) is (are) Lutheran Christian (four-fifths), and the other religious group(s) are (is) Orthodox Christian.

The life expectancy at birth is 65.1 years for males and 77.1 years for females (WHO, 2004). The healthy life expectancy at birth is 59 years for males and 69 years for females (WHO, 2004).

Epidemiology

A group of general practitioners used medical records and interviews using the Geriatric Depression Scale and MMSE to find the prevalence of physical and psychiatric disorders (especially depression and cognitive disorders) among a randomly selected elderly (65+ years) population in their practice. Psychiatric disorders were present in 5.7% with depression in 40.3% and cognitive disorders in 22.5% of the total respondents numbering 1000 (Saks et al, 2001). Parna et al (2002) did a nation wide cross-sectional survey to assess the prevalence of smoking. A stratified random sample of 2086 adults aged 30-59 was taken. The prevalence of current smoking was 57.9% among men and 25.7% among women. For both genders, smoking rates were lowest in the age group 50-59 years and highest in the age group 30-39 years. Smoking was significantly more common among divorced and widowed people. Education was associated with smoking among men but not among women. Pakriev et al (2001) evaluated a rural sample consisting of 232 respondents with unipolar depression. In this sample, 21.1% had single episodes, 62.5% had recurrent episodes and 16.4% had a chronic course. Being of local ethnicity and unmarried status were significantly associated with both recurrent and chronic course of depression. Comorbid dysthymia and poor family relationships were associated with chronic depression. Suicide attempts were associated with recurrent depression. Varnik et al (1994) presented their data on changing trends of suicide in the 3 Baltic states of Estonia, Latvia and Lithuania during the period 1968-90. Since 1986, the mean male suicide rate in Estonia fell by 26.6% from a high of 55.7 per 100 000 in the period 1968-84. Female suicide rates remained constant in both those periods (nearly 14.3 per 10 000). The male female ratio dropped to 3.1 from an earlier value of 3.9. In an earlier study by Varnik (1991) it was reported that suicide rates rose gradually since independence in 1922 till 1986 and then started to fall from 1986 onwards. Wasserman et al (1998) found that alcohol related suicides among women drinkers reduced by 19% in the period 1984-1990 in 8 republics (including Estonia) of the erstwhile USSR. This was attributed to the restrictions (in the form of increased prices) imposed on alcohol by the Government during that period.

Mental Health Resources

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 2002.

The mental health policy is contained in the Mental Health Basic Document. A mental health strategy document is under development.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1997. Details can be obtained about the drug policy from the website: www.narko.sm.ee

National Mental Health Programme

A national mental health programme is absent.

Estonia does not have a comprehensive mental health plan but it has a national strategy on suicide prevention and a draft national programme.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1996.

Details can be obtained from the website: www.sam.ee

Mental Health Legislation

There is a Mental Health Act. The main principles are: (1) Criteria are given for involuntary treatment (dangerousness to self or others due to mental disorder, other means of treatment not being effective); (2) Supervision over involuntary treatment is carried out both by the county medical officer and the administrative court; (3) The Mental Health Act also determines the basic requirements for psychiatric treatment, including responsibilities for the provision of services by the community and the state, the rights of patients and the basic regulations for forensic psychiatry.

The latest legislation was enacted in 1997.

Mental Health Financing

There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary sources of mental health financing in descending order are social insurance, out of pocket expenditure by the patient or family and private insurances.

The country has disability benefits for persons with mental disorders.

Mental Health Facilities

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level.

Regular training of primary care professionals is carried out in the field of mental health.

There are community care facilities for patients with mental disorders. Community care training for nurses has begun. The Estonian Psychiatric Association has developed several proposals for the development of community services. It is expected that with the introduction of the Hospital Masterplan (www.sm.ee/develop.html) for the development of secondary health care services, the Government will develop more community-orientated services including services for the long-term mentally ill (see the development of special care: www.sm.ee/devspecialcare.html).

Psychiatric Beds and Professionals

Total psychiatric beds per 10 000 population	10.2
Psychiatric beds in mental hospitals per 10 000 population	8
Psychiatric beds in general hospitals per 10 000 population	2.1
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	13
Number of neurosurgeons per 100 000 population	1
Number of psychiatric nurses per 100 000 population	0
Number of neurologists per 100 000 population	13
Number of psychologists per 100 000 population	
Number of social workers per 100 000 population	

Psychiatric hospitals and wards provide acute inpatient treatment, but the majority of long-term institutionalized patients are cared for in the psychiatric nursing homes of the social welfare system. The outpatient services are linked either to a psychiatric hospital or to the local general hospital. The Swedish East European Committee is supporting training of nurses.

Non-Governmental Organizations

NGOs are involved with mental health in the country. They are mainly involved in advocacy, prevention and rehabilitation. There are several NGOs that are active in the field of mental health. Among them are organizations for consumers of the services or their families, professional societies and groups for the protection of consumer rights. At the level of local Government, the mental health services are mainly represented by day centres for psychiatric patients, crisis centres and telephone hotlines.

Information Gathering System

There is mental health reporting system in the country.

The country has no data collection system or epidemiological study on mental health.

Programmes for Special Population

There are no facilities for special population groups.

Therapeutic Drugs

The following therapeutic drugs are generally available at the primary health care level of the country: carbamazepine, ethosuximide, phenobarbital, phenytoin sodium, sodium valproate, amitriptyline, chlorpromazine, diazepam, fluphenazine, haloperidol, lithium, biperiden, carbidopa, levodopa.

Details can be obtained about the drug policy from the website: www.narko.sm.ee

Other Information

In Estonia, mental health services are provided by the medical facilities and practitioners, as well as by institutions from the social welfare sector. The state, the local level of services and private agencies are all represented in this field. Although cooperation between the different sectors is improving, there are still many steps to be taken to provide society with a well functioning network of services. Before the last decade, mental health services were characterized by: centralized provision, large institutions with poor material conditions, underdeveloped outpatient services, weak connections with primary health care, underdeveloped community care services for long-term severely ill patients, split between social and health care services, lack of relevant legislation, medical model dominating over psychosocial understanding of illness, lack of trained personnel (nurses, social workers) and the absence of psychotherapy training. The strategy of the Estonian Psychiatric Association are to: maintain and improve the links with the rest of the health care system, define responsibilities with the social welfare system, develop more community services for the long-term mentally ill, link the social services with health care, focus on legislation in order to meet European standards, improve training of mental health specialists and develop new structures for the provision of services like psychiatric wards in general hospitals and outpatient units with multidisciplinary teams.

Additional Sources of Information

- Pakriev, S., Shlik, J., Vasar, V. (2001) Course of depression: findings from cross-sectional survey in rural Udmurtia. *Nordic Journal of Psychiatry*, 55, 185-189.
- Parna, K., Rahu, K., Rahu, M. (2002) Patterns of smoking in Estonia. *Addiction*, 97, 871-876.
- Saks, K., Kolk, H., Allev, R., et al (2001) Health status of the older population in Estonia. *Croatian Medical Journal*, 42, 663-668.
- The provisional development plan of mental health services (in Estonian only): www.sm.ee/arengukavad/Psuhhiaatria.htm
- Varnik, A. (1991) Suicide in Estonia. *Acta Psychiatrica Scandinavica*, 84, 229-232.

•Varnik, A., Wasserman, D., Eklund, G. (1994) Suicides in the Baltic countries, 1968-1990. *Scandinavian Journal of Social Medicine*, 22, 166-169.

•Wasserman, D., Varnik, A., Eklund, G. (1998) Female suicides and alcohol consumption during perestroika in the former USSR. *Acta Psychiatrica Scandinavica*, Supplementum 394, 26-33.