

Latvia

General Information

Latvia is a country with an approximate area of 65 thousand sq. km. (UNO, 2001). Its population is 2.286 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 99.7% 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 6.4%. The per capita total expenditure on health is 509 international \$, and the per capita government expenditure on health is 267 international \$ (WHO, 2004).

The main language(s) used in the country is (are) Latvian. The largest ethnic group(s) is (are) Latvian, and the other ethnic group(s) are (is) Russian. The largest religious group(s) is (are) Evangelical Lutheran.

The life expectancy at birth is 64.6 years for males and 75.8 years for females (WHO, 2004). The healthy life expectancy at birth is 58 years for males and 68 years for females (WHO, 2004).

Epidemiology

Wasserman et al (1998 a) reported that suicide rates in the former USSR during 1984-1990 varied greatly between different regions, from 3.5 cases per 100 000 inhabitants in the Caucasus (Georgia, Azerbaijan and Armenia) to 28.0 in the Baltic region (Latvia, Lithuania and Estonia). This pattern was observed for both men and women, with suicide rates for men ranging from 4.9 in the Caucasian region to 45.9 in the Baltics, and suicide rates for women ranging from 2.1 in the Caucasus to 2.3 in the Baltics. During 1984-90, a decline in suicide rates of 32% for males and 19% for females took place in the former Soviet Union (Wasserman et al, 1998b). During 1968-84, the mean value of male suicide rates per 100 000 males and females in Latvia was 52.5 and 14.3, respectively. Suicide rates fell across all the Republics of the USSR during Perestroika. In Latvia, the male suicide rate reduced by 26.6% in the period 1986-90 compared to 1968-84. Female suicide rates were relatively stable and the male-female ratio reduced from 3.7 in 1968-84 to 3.1 in 1986-90 (Varnik et al, 1994). Rancans et al (2001a) found that there were rapid swings of suicide rates during 1980-98, driven by changes in male suicide rates which reached a maximum of 72 per 100 000 population in 1993. The sudden drop in gross domestic product, the rapid increase in first-time alcohol psychosis and the percentage of people unemployed did not correspond strictly with the dynamics of suicide rates. Rancans et al (2001b) found that the overall rate of suicide attempts in a city was 149 per 100 000. The male to female ratio for persons aged 15 years or more was 1:0.9. The highest figures were for females aged 15-24 and men aged 25-34. Females used poisonings in 75% of cases. Males used more violent methods (60%) like cutting, and suicide was associated with alcohol use in men. In a sample of 1412 Latvian liquidators drawn from the State Latvian Chernobyl Clean-up Workers Registry, Viel et al (1997) found greater psychosomatic distress in those exposed to work for longer periods of time in hazardous work areas.

Mental Health Resources

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 2004.

The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. The work on the basic document for state mental health has started.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 2004. Details about the drug policy can be obtained from the Latvia Drug Control and Drug Abuse Prevention Masterplan (1999-2003). The Alcohol use control programme (2004-2008) has been initiated.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 2004.

The adopted State Health Care Programme also includes the Psychiatric Aid Strategy and an underlying action plan (national mental health programme) with financial sources and evaluation activities.

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

The most recent legislation on mental health is the Medical Law. In 1999, the new Latvian Criminal Law introduced the concept of diminished responsibility; however, the law was drafted without consultation with mental health professionals.

The latest legislation was enacted in 1997.

Mental Health Financing

There are budget allocations for mental health.

The country spends 6.3% of the total health budget on mental health.

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

There are state budget allocations for mental health services through the State Compulsory Health Insurance Agency. The social security system is responsible for severely mentally ill and handicapped children and adolescents until the age of 18 years, covering expenses for medication, shelter and rehabilitation.

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. The psychiatrist at the local level promote networking and support services and support local primary health care specialists. Treatment of moderately severe and severe mental disorders is done by psychiatrists.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years, about 160 personnel were provided training. There are training programmes for family doctors and general physicians. Training is provided through seminars, workshops and conferences as well as through general programmes and diplomas. Latvia has a community of well-trained mental health professionals who are committed to the welfare of people with mental illness. Since independence, many staff have received training in psychotherapy and other techniques which were not used before.

There are community care facilities for patients with mental disorders. The state plans and coordinates activities, ensures psychiatric aid with the highly specialized services and ensures academic training. Regional services include inpatient facilities, day hospitals and ambulatory models. The local aid and support services are divided into treatment oriented aid and medical rehabilitation and support services. Rehabilitation is provided through employment centres and psychosocial rehabilitation houses.

Psychiatric Beds and Professionals

Total psychiatric beds per 10 000 population	13.8
Psychiatric beds in mental hospitals per 10 000 population	13.5
Psychiatric beds in general hospitals per 10 000 population	0.3
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	10
Number of neurosurgeons per 100 000 population	2
Number of psychiatric nurses per 100 000 population	40
Number of neurologists per 100 000 population	10
Number of psychologists per 100 000 population	2
Number of social workers per 100 000 population	0.5

The system remains centred on large under-funded mental hospitals and nursing homes; large institutions consume most of the available mental health budget, while community care is under funded. The process of deinstitutionalization, however, has begun, and a 25% reduction in the number of beds in psychiatric hospitals has been achieved. Almost 160 beds are allotted to child and adolescent psychiatry. The trend in psychiatric institutions in Latvia is now towards the establishment of multidisciplinary teamwork - a process which is still in its infancy. Multidisciplinary teamwork is available in some hospitals. Generally, the multidisciplinary team in Latvia consists of: a nurse, nursing assistant, psychologist, psychiatrist, rehabilitation specialist and social worker. Occupational therapists help the patient develop and improve their functioning, while observing changes in the patient's state, analysing the results of therapy, as well as assessing the level of current functioning and

gradually increasing the complexity of exercises. Rehabilitation specialists help the patients to acquire skills such as drawing, painting, pottery and flower arranging. Additional training or refresher courses of mental health professionals is being organized with help from Denmark, Norway, Sweden, Germany and the Netherlands. The country has almost 30 child and adolescent psychiatrists.

Non-Governmental Organizations

NGOs are involved with mental health in the country. They are mainly involved in advocacy. NGOs are involved in running alternative mental health services. The Soros Foundation supports many projects. Self-help groups have also developed.

Information Gathering System

There is mental health reporting system in the country.

The country has data collection system or epidemiological study on mental health. There are accounting information systems, reports and registers from which data can be collected.

Programmes for Special Population

The country has specific programmes for mental health for disaster affected population, indigenous population, elderly and children.

A programme directed at suicide prevention that incorporates psychotherapeutic support groups and telephone hotlines has been organized in collaboration with the Soros Foundation. The World Bank is supporting a project on mental health promotion and prevention of mental disorders. Child and adolescent psychiatric services are restricted to cities. A few youth centres for handicapped adolescents have been started.

Therapeutic Drugs

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

Cyclodol is available instead of biperiden (commonest strength: 2 mg, cost for 100 tablets: 1.62 USD)

Other Information

The Psychiatry Aid Strategy of Latvia has certain priorities: patients with serious mental disorders, mentally ill offenders, children and teenagers, young schizophrenics, patients with comorbidity and elderly. The policy project Improving of Citizens' Mental Health Status is based on WHO World Health Report 2001.

Additional Sources of Information

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