

Russian Federation

General Information

Russian Federation is a country with an approximate area of 17075 thousand sq. km. (UNO, 2001). Its population is 142.397 million, and the sex ratio (men per hundred women) is 88 (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 18% (WHO, 2004). The literacy rate is 99.7% for men and 99.5% for women (UNESCO/MoH, 2004).

The country is a lower middle income group country (based on World Bank 2004 criteria). The proportion of health budget to GDP is 5.4%. The per capita total expenditure on health is 454 international \$, and the per capita government expenditure on health is 310 international \$ (WHO, 2004).

The main language(s) used in the country is (are) Russian. The largest ethnic group(s) is (are) Russian. The largest religious group(s) is (are) Russian Orthodox (three-fourths), and the other religious group(s) are (is) Muslim.

The life expectancy at birth is 58.3 years for males and 71.8 years for females (WHO, 2004). The healthy life expectancy at birth is 53 years for males and 64 years for females (WHO, 2004).

Epidemiology

Bogdan (1998) found the prevalence of borderline minor psychiatric disorders in primary care samples to vary between 1.7% and 21%. Gavrilova and Kalyn (2002) identified psychiatric disorders (ICD-10 diagnoses) in 36.6% (6.1% psychotic disorders) of a sample of elderly subjects (n=1109). Bobak et al (1999) interviewed 1599 adults and found that 10% of men and 2% of women drank alcohol several times a week. Alcohol consumption was associated with smoking, unmarried status, unemployment and poor health among men. In women, higher education, widowed status, not smoking and poor health was associated with less alcohol consumption. Malyutina et al (2001) assessed about 3000 subjects in 1985/86 and 1994/95 and found that the proportion of men who drank at least once a week increased from 27% to 38% and among women from 0.6% to 6.5%. Lisenko and Richards (1994) found that alcohol dependence/alcoholic psychosis rates in Siberia and the Far East increased from 20/10 000 in 1965 to 250/10 000 in 1985. Gafarov and Gagulin (2000) found a reduction in smoking in a representative sample of urban adult males (about 700) who were assessed at two points in time in the 1990s. In a sample of 7093 students, Rozenfel'd and Kharisova (1990) found the following prevalence rates for use of various substances: alcohol (49.4%), tobacco (24.2%) and illicit drugs (9.8%). In a sample of 385 adolescents, Kemppainen et al (2002) reported that 29% of males and 7% of females smoked daily. Dershem (1996) administered the Centre for Epidemiological Studies - Depression scale (CES-D) to 263 rural subjects. Prevalence of depression was associated with age (elderly), gender (women), health (poor) and marital status (divorced/separated). Herrman et al (2002) reported the findings of the multi-country Longitudinal Investigation of Depression Outcomes (LIDO) study in which primary care subjects (n=18 489) were assessed using the Center for Epidemiologic Studies Depression Scale (cut-off 15/16). Nearly 37% (range 24-55% at different sites) met the criterion for caseness. As a part of the same study, Simon et al (2002) interviewed 968 depressed patients using the Composite International Diagnostic Interview and CES-D at baseline and 9 months. In this period only one third of patients had complete remission. Those with favourable outcome reported less work disability. Maksimova et al (1997)

assessed 4000 people and found that the incidence of sleep disorders was about 30% in different regions of Russia. The rate varied from 5% in the 20-24 years age group to 40% in the elderly (above 60 years). Bogoyavlenskiy (2002) and Varnik et al (1998) reported that in the 1980s and 1990s the rate of suicide in Russia was among the highest in the world. Suicide rates were higher among men and had two peaks (at 50 and 70 years). In women, suicide rates increased after 70 years of age. Varnik and Wasserman (1992) reported that the overall rates of suicide in the former USSR increased from 17.1 per 10 000 inhabitants in 1965 to 29.6 in 1984. Rates were higher in the rural areas. The rate of suicide in the year 2002 was 38.6 per 100 000 population (Goscomstat of Russian Federation, 2004). Voitsekhovich and Red'ko (1996) found that the rate of suicide was associated with gender (male), age (over 60 years), marital status (divorced and widowed), isolation, occupation (temporary), illnesses (mental and alcohol use disorders) and disability. Analyses of trends in suicide rate have shown marked regional variation across the republics of the former USSR and the regions within the Russian Federation and an increase in the number of suicides in Russia over every decade of the 20th century with a sharp dip (almost by a third for men and a fifth for women) during the perestroika period in the late 1980s (Varnik & Wasserman 1992; Varnik et al, 1998; Bogoyavlenskiy, 2002). Varnik and Wasserman (1992) noted that the rate of suicide was low in regions with traditional lifestyles and strong family relationships (the Caucasus and Central Asia) and high in regions facing major sociopolitical changes (Baltic States and Russia). Burdeinyi et al (1991) evaluated 1179 rural children (7-14 years) and found mental deficiency in 5.7% of boys and 3.9% of girls in the highlands and 3.6% of boys and 2.1% of girls in lowlands. Neurotic disorders were common in all the subgroups (1.6% to 4.7%), and boys had a higher rate of overall psychiatric morbidity. Knyazev et al (2002) found that behavioural problems and school adjustment were associated in a study on 446 Russian adolescents (12-16 years).

Mental Health Resources

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1992.

The components of the policy are promotion, prevention, treatment and rehabilitation. The mental health policy is developed by the Ministry of Health in the form of statements/orders to be carried out by the governmental and non-governmental bodies.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1995. The substance abuse policy is developed by the Ministry of Health in the form of statements/orders to be carried out by the governmental and non-governmental bodies.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1995.

The programme exists on sectoral level (in charge of the Ministry of Health). A national mental health programme for 1995-1997 was adopted by the Government and methodical recommendations on structural reorganization in psychiatric care were developed but the funds allotted to it were limited. At present a mid-term programme for 2005-2008 to introduce the above recommendations into practice is under preparation. Regional mental health programmes have been developed in several regions.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1993.

The order of the Ministry of Health is considerably renewed.

Mental Health Legislation

The Law of Russian Federation on Psychiatric Assistance and Rights of Patients provides details about the rights of psychiatrists and patients regarding examination, ethics, types of services, patients' rights, social protection of the mentally ill, admission and discharge procedures and monitoring facilities. In 1999, many new additions and changes were made to the existing law and presented to the Government for further consideration and adoption in the Parliament. Forensic psychiatry is regulated by the following laws - Criminal Code, Criminal-legal Code, Civil-legal Code and two documents, 'The instruction for the forensic psychiatric assessment in the USSR' and 'The regulation concerning the outpatient forensic psychiatric expert commission. New laws have been proposed. The concept of limited responsibility has been introduced by the Criminal Code of 1997. From 2004, the Law of Psychiatric Care is the part of the Principles of Legislation of Health Protection of Citizens (of 22.07.1993 No. 5487-1 in version of 22.08.2004 No. 22).

The latest legislation was enacted in 1992.

Mental Health Financing

There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary source of mental health financing is tax based.

State psychiatric service on the whole is funded by the state, but is not covered by the obligatory state insurance. Regional (Municipal) financial support is an additional resource for psychiatric institutions. The programme of State Guaranties is the basis of free medication for disabled mentally ill, those admitted in hospitals, and for people suffering from schizophrenia and epilepsy. But the list of free medicines for outpatients is limited to inexpensive medicines.

The country has disability benefits for persons with mental disorders. Monetary assistance is allocated from the Ministry of Social Assistance's budget.

Mental Health Facilities

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. The practice of recognition and treatment of depression in primary care is developing in several regions.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years, about 720 personnel were provided training.

There are community care facilities for patients with mental disorders. A social rehabilitation system including workshops, rehabilitation units in industrial firms and residential homes (for about 125 000 persons) exists. Day care facilities are available for almost 15 000 persons. Home care is also provided in some cases. The University of Calgary and the Moscow Research Institute of Psychiatry have collaborated to develop two projects "Community Mental Health Rehabilitation" and "Russia Mental Health System Reform". The first project trained trainers for community care, developed curricula for community mental health care, led to some policy changes and initiated the process of creating a parent support organization. The second project helped in the development of support for consumer organizations, rehabilitation centres and vocational training centres and training of human

resources. Russian Orthodox church also provides some services particularly in the drug abuse field. Some churches have opened in large psychiatric hospitals in St. Petersburg.

Psychiatric Beds and Professionals

Total psychiatric beds per 10 000 population	11.5
Psychiatric beds in mental hospitals per 10 000 population	10.1
Psychiatric beds in general hospitals per 10 000 population	0.5
Psychiatric beds in other settings per 10 000 population	1
Number of psychiatrists per 100 000 population	13.3
Number of neurosurgeons per 100 000 population	1.7
Number of psychiatric nurses per 100 000 population	50
Number of neurologists per 100 000 population	1.58
Number of psychologists per 100 000 population	1.9
Number of social workers per 100 000 population	1.2

The system of Russian Ministry of Health consists of 278 mental hospitals, 164 psychoneurological outpatient clinics (dispensaries) that include day-hospitals as separate wards in their structure (each dispensary provides sectorized coverage to a population of approximately 25 000 people); 2010 psychoneurological consulting rooms in rural areas; 1117 psychotherapeutic rooms, mostly in primary care facilities. There are also beds in 442 hostels, nursing homes and 'internats' under the authority of the Ministry of Social Protection. There is a 10-fold variation in the availability of beds in different regions (minimum - Altai, maximum - Kostroma). About 6% of beds have been allocated to child and adolescent mental health services. Three types of forensic units are available under the Ministry of Health, which differ according to the security level. Besides these, psychiatric hospitals managed by the Ministry of Justice also exist within the correctional system for treatment of inmates suffering from minor or temporary mental disorders. More than half of psychiatrists work in outpatient services. The territorial unevenness in professional manpower is almost 10-fold between Ingush republic and Moscow. The Code of Professional Ethics of the Russian Society of Psychiatrists, which is influenced by international conventions was adopted in 1994. Most mental health care psychologists work at specialized health facilities at companies or professional unions. Every 5 years a psychologist must undergo CME courses for 144 to 288 hours. Psychologists do not have prescription privileges. Salaries are very low, e.g. a physician gets the equivalent of \$50 to \$200 per month.

Non-Governmental Organizations

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention and rehabilitation. About 10 NGOs are dealing with mental health in the country. Social support is also provided by religious organizations (e.g. Russian Orthodox Church). The volume of care rendered by the organizations of care consumers themselves, acting mainly at regional levels, has increased (in approximately 20 regions).

Information Gathering System

There is mental health reporting system in the country.

The country has data collection system or epidemiological study on mental health. The Ministry of Health has the Unit of Statistics in the Department of Development of Medical Care. The function of this Unit is to collect information, about morbidity in the country, including mental illness.

Programmes for Special Population

The country has specific programmes for mental health for refugees, disaster affected population and elderly. Programmes on refugees and disaster victims are carried out by the Ministry of Emergency Situations (EMERCOM). Elderly population are looked after by the Ministry of Social Protection.

In large dispensaries there are specialized units of geriatric psychiatry, epilepsy, sexopathology and psychotherapeutic units. Each psychiatrist for children and adolescents administers psychiatric care over the catchment area with 15 000 children. As a rule, child psychoneurological units are situated in the local child primary-care system. Narcological dispensaries and hospitals (or, less often, narcological departments in psychiatric institutions), render care for alcohol and drug abusers. Psychiatric (as well as narcological) hospitals have close connections with the dispensaries. Various programmes for the examination, support and treatment of trauma affected persons have been implemented. Care for children with mental disorders is divided into three departments: Public Health (outpatient, inpatient and day care), Education (services for mentally challenged and delinquent children) and Social Protection (about 30 000 children with severe disability including mental retardation have been provided residential facilities, vocational training is also available). Psychologists are being increasingly used in school based care. Offenders suffering from mental illness are either subjected to compulsory outpatient care in dispensaries or inpatient care in either the dispensaries or specialized hospitals with high security.

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.

The Ministry of Health and Social Assistance approved the list of mentally ill who would receive free medication in 1993, the funds for which were to be allocated by local institutions.

Additional Sources of Information

•Balachova, T. N., Levy, S., Isurina, G. L., et al (2001) Medical Psychology in Russia. *Journal of Clinical Psychology in Medical Settings*, 8, 61-68.

•Blum, R. W., Blum, L., Phillips, S., et al (1996) Adolescent health in Russia: a view from Moscow and St. Petersburg. *Journal of Adolescent Health*, 19, 308-314.

•Bobak, M., McKee, M., Rose, R., et al (1999) Alcohol consumption in a national sample of the Russian population. *Addiction*, 94, 857-866.

•Bogdan, M. N. (1998) The epidemiological aspect of the problem of diagnosing borderline mental disorders. *Zhurnal Nevrologii i Psikhiiatrii Imeni S.S. Korsakova*, 98, 35-38.

- Bogoyavlenskiy, D. D. (2002) Russian suicides and Russian reforms. *Sotsiologicheskie Issledovaniya*, 28, 76-80.
- Burdeinyi, A. F., Krasnopol'skaia, I. I., Burdeinyi, V. A., et al (1991) Mental health of children living in rural high- and low-altitude areas of the Ivano-Frankovsk district (clinico-epidemiological study). *Zhurnal Nevropatologii i Psikiatrii Imeni S - S - Korsakova*, 91, 85-87.
- Community Rehabilitation and Disability Studies (2002). <http://www.crd.org/regional/russia>
- Dershem, L. D., Patsiorkovski, V. V., O'Brien, D. (1996) The use of the CES-D for measuring symptoms of depression in three rural Russian villages. *Social Indicators Research*, 39, 89-108.
- Gafarov, V. V., Gagulin, I. V. (2000) Population study of ischemic heart disease socio-psychological risk factors in male population of Novosibirsk. *Terapevticheskii Arkhiv*, 72, 40-43.
- Gavrilova, S. I., Kalyn, I.B. (2002) Social and environmental factors and mental health in the elderly. *Vestnik Rossiiskoi Akademii Meditsinskikh Nauk*, 9, 15-20.
- Goscomstat of Russian Federation, State Committee of Statistics of Russian Federation (2004).
- Herrman, H., Patrick, D. L., Diehr, P., et al (2002) Longitudinal investigation of depression outcomes in primary care in six countries: the LIDO study. Functional status, health service use and treatment of people with depressive symptoms. *Psychological Medicine*, 32, 889-902.
- Kemppainen, U., Tossavainen, K., Vartiainen, E., et al (2002) Smoking patterns among ninth-grade adolescents in the Pitkaranta district (Russia) and in eastern Finland. *Public Health Nursing*, 19, 30-39.
- Kinsey, D. (1994) The new Russian law on psychiatric care. *Perspectives in Psychiatric Care*, 30, 15-19.
- Knyazev, G. G., Slobodskaya, H. R., Safronova, M. V., et al (2002) School adjustment and health in Russian adolescents. *Psychology Health & Medicine*, 7, 143-155.
- Krasnov, V. N. (1998) The provision of mental health care in the Russian Federation. In: *Manage or Perish? The challenges of managed mental health care in Europe*. J. Guimon, N Sartorius (Eds). NY: Kluwer. pp. 173-180.
- Lisenko, V. P., Richards, B. (1994) Substance abuse problems in the Magadan Region of the Russian Far East. *Alaska Medicine*, 36, 168-172.
- Makarov, I. V., Rubina, L. P. (2002) Mental disorders in hospitalized children. *Problemy Sotsialnoi Gigieny i Istorii Meditsiny*, 5, 16-18.
- Maksimova, T. M., Romanov, A. I., Kakorina, E. P., et al (1997) Social-hygienic evaluation of the prevalence of sleep disorders. *Problemy Sotsialnoi Gigieny i Istorii Meditsiny*, 6, 14-17.
- Malyutina, S., Bobak, M., Kurilovitch, S., et al (2001) Alcohol consumption and binge drinking in Novosibirsk, Russia, 1985-95. *Addiction*, 987-995.

- Polubinskaya, S. V., Bonnie, R. J. (1996) The Code of Professional Ethics of the Russian Society of Psychiatrists. *International Journal of Law and Psychiatry*, 19, 143-172.
- Poloshij, B., Saposhnikova, I. (2001) Psychiatric reform in Russia. *Acta Psychiatrica Scandinavica*, 104 (suppl. 410), 56-62.
- Polubinskaya, S.V. (2000) Reform in Psychiatry in Post-Soviet Countries. *Acta Psychiatrica Scandinavica*, Supplementum. 101 (Supplementum 399), 106-108.
- Rozenfel'd, L. G., Kharisova, I. M. (1990) Complex analysis of a sociological study of harmful habits among college students. *Sovetskoe Zdravookhranenie*, 11, 35-38.
- Ruchkin, V. V. (2000). The forensic psychiatric system of Russia. *International Journal of Law and Psychiatry*, 23, 555-565.
- Severny, A. A., Shevchenko, Y. S., Kazakovtsev, B. A., et al (1999) Child and adolescent psychiatry in Russia. In: H. Remschmidt, H. van Engeland, H. (Eds). *Child and Adolescent Psychiatry in Europe. Historical Development, Current Situation and Future Perspectives*. Darmstadt, Steinkopff. pp271-284.
- Simon, G. E., Chisholm, D., Treglia, M., et al (2002) Course of depression, health services costs, and work productivity in an international primary care study. *General Hospital Psychiatry*, 24, 328-335.
- Varnik, A., Wasserman, D. (1992) Suicides in the former Soviet republics. *Acta Psychiatrica Scandinavica*, 86, 76-78.
- Varnik, A., Wasserman, D., Dankowicz, M., et al (1998) Age-specific suicide rates in the Slavic and Baltic regions of the former USSR during perestroika, in comparison with 22 European countries. *Acta Psychiatrica Scandinavica*, Supplement 394, 20-25.
- Voitsekhovich, B. A., Red'ko, A. N. (1996) Suicide from the standpoint of social medicine. *Problemy Sotsialnoi Gigieny i Istorii Meditsiny*, 216-219.
- Wasserman, D., Varnik, A., Dankowicz, M. (1998) Regional differences in the distribution of suicide in the former Soviet Union during perestroika, 1984-1990. *Acta Psychiatrica Scandinavica*, Supplement 394, 5-12.