

WHO-AIMS

**WHO-AIMS REPORT ON
MENTAL HEALTH SYSTEM
IN
THE KYRGYZ REPUBLIC**



**World Health
Organization**



**MINISTRY OF HEALTH
KYRGYZ REPUBLIC**

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MENTAL HEALTH SYSTEM
IN
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*A report of the assessment of the mental health system in Kyrgyz Republic
using the World Health Organization - Assessment Instrument for Mental
Health Systems (WHO-AIMS)*

Kyrgyz Republic

2008



**World Health
Organization**



**Ministry of Health
Kyrgyz Republic**

*WHO, Country Office in Kyrgyzstan
WHO, Regional Office for Europe
WHO Department of Mental Health and Substance Abuse (MSD)*

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Acknowledgement

The World Health Organization – Assessment Instrument for Mental Health Systems (WHO-AIMS) is tool for collecting essential information on the on the mental health system in a country or region.

The project in Kyrgyz Republic was implemented by Sabira Musabaeva – deputy director-general of the Republican mental health center on organizational-methodic, consultative, and information-analytical work and Sofia Petrova – a psychiatrist of the same department.

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World Health Organization Assessment Instrument for Mental Health System (WHO-AIMS) has been conceptualized and developed by the Mental Health Evidence and Research team (MER) of the Department of Mental Health and Substance Abuse (MSD), World Health Organization (WHO), Geneva, in collaboration with colleagues inside and outside WHO.

Full information on the development of WHO-AIMS (WHO, 2005) can be found at the following website.

http://www.who.int/mental_health/evidence/WHO-AIMS/en/index.html

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The WHO-AIMS project is coordinated by Shekhar Saxena.

Executive Summary

World Health Organization Assessment Instrument for Mental Health System (WHO-AIMS) was used to collect information on the mental health system in Kyrgyz Republic. WHO-AIMS had been developed to assess key components of the mental health system and in such a way to provide necessary information for the strengthening of the system. Determination of basic weaknesses and obtaining of important information for taking appropriate measures becomes possible through a WHO-AIMS assessment.

The goal of collecting mental health information is to improve the mental health system and to render psychiatric assistance. The mental health system includes all organizations and resources targeted at mental health improvement. This will enable Kyrgyz Republic to develop information-based mental health plans with clear base-line information and targets, to monitor reforms, to provide community services at different levels, and to involve patients, their families and other stakeholders in mental health promotion, prevention, care and rehabilitation.

A mental health policy and plan, as well as a mental health legislation exists in Kyrgyz Republic. Four percent of health care budget expenditures by the government health department are directed towards mental health. Psychiatric hospital financing at the community level as well as outpatient services are included into financing of primary medical aid. At the same time, three psychiatric hospitals are integrated with outpatient services. Thus, it is difficult to divide financing of psychiatric in-patient (hospital) and outpatient services. However, it is estimated that about 50% of mental health services funds are assigned to psychiatric hospitals.

According to the National program of medical aid, the State guarantees to Kyrgyz Republic citizens with mental disorders to get free treatment and care in the psychiatric hospitals. All patients (59010) with mental disorders have free access to essential psychotropic medicines (at least 80% covered) according to the State Guarantee Program.

The Republic Ministry of Health Department of medical aid organization's terms of reference covers mental health services in Kyrgyz Republic. There are no staff units of psychiatrists in the Ministry of Health but chief part-time specialists (psychiatrist, child-psychiatrist, and speech and language therapist) are being appointed from a list of leading specialists of psychiatric organizations. Mental health service coordinators responsible for this work are available in each region.

Supervisory bodies are functioning at the national and regional level (Ministry of Justice, Ministry of Health of Kyrgyz Republic, General Office of Public, Courts, Republican Center of Mental health). For 2006 all hospitals and outpatient psychiatric organizations had minimum of one audit on patient rights protection. A psychiatric advisory council is functioning under the Republican Center of mental health. Its monthly meetings are devoted to updating the case register of psychiatric patients as well as discussing complicated cases.

Seventy-four (74) outpatient departments render psychiatric aid at the outpatient level in Kyrgyz Republic. Only 18% of them are intended for treatment of children and adolescents. The rate of patients being treated in these outpatient facilities is 1142 per 100 000 population. In addition, day treatment facilities with a total of 160 places are functioning and they treat 12,1 users per 100,000 population.

All outpatient departments follow up with their patients in the community. However, only 16% of outpatient facilities have mobile teams. Seven in-patient departments function at the community level with a total of 2, 2 beds per 100 00 population. There are no beds reserved only for children and adolescents in the departments at the community level.

There are two psychiatric hospitals and 2 centers of mental health in Kyrgyz Republic. Three psychiatric services out of four are organizationally integrated with mental health outpatient facilities. Psychiatric inpatient facilities operation is regulated by standard regulations depending on the type of the inpatient service (general psychiatric service, psychosomatic service, child service, military-medical expertise service, forensic-psychiatric expertise etc.). The total number of beds of psychiatric facilities makes 42, 3 per 100 000 population. A gradual decrease of beds in psychiatric in-patient facilities is taking place in the country. At the beginning of 1997 there were 3000 beds in the psychiatric hospitals in the republic. In the last five years the number of beds has decreased by 4%. A number of forensic-psychiatric beds are integrated into psychiatric inpatient facilities but there are specific forensic-psychiatric facilities as well. There are a total of 249 beds in forensic-psychiatric facilities, 74% are located in psychiatric hospitals and 26% in specific psychiatric facilities.

Four (4%) of the medical doctor training program is devoted to mental health in comparison to 5% of the program for nurses. One (1%) of primary health care doctors have received at least two days of refresher training in mental health issues and 12% of primary health care nurses received the same training.

The quantity and quality of medical services in Kyrgyz Republic rendered by primary health care services is annually increasing. At the beginning of 2007 there are 85 Family Medicine Centers (FMC), 3 Medical Practice Centers (MPC) with 670 Family Practitioners Groups (FPG), 29 independent FPG and 899 doctor's assistant-obstetrical stations (DSOS). In hard-to-reach highlands, the population is being serviced by DSOS medical personnel. A total of 4742 general practitioners worked in primary health care institutions at the beginning of 2007.

In 2006, 22 non-commercial organizations worked in a sphere of rendering assistance to invalids and persons with special needs. There is a comprehensive system of collecting and analyzing mental health information in all health facilities. According to

Pub Med, there were a total of 33 publications on health in the country or a region in the past five years and 1 (3%) out of them is on mental health.

WHO-AIMS COUNTRY REPORT FOR THE KYRGYZ REPUBLIC

Introduction

The Kyrgyz Republic is situated in Central Asia. Since 1991 Kyrgyzstan has been an independent country. Kyrgyzstan's territory makes 199.9 thousand square km. Mountains cover more than 90% of the country's territory, plough-lands occupy only about 7%. High-yielding farming is possible only in irrigated lands making 2/3 of ploughed field. Natural conditions are favorable for tourism development, especially in the Issyk-Kul lake vicinity. The country is rich in water resources. The neighbors are China, Kazakhstan, Uzbekistan, and Tajikistan.

The country has no outlet to the sea; access to the economic and cultural centers of the world are possible only through adjoining countries territories. Mountains divide the country into two parts – northern and southern. Transport communications between them are poorly developed, for example, railway communication between the North and South is possible only through territories of Uzbekistan and Kazakhstan.

The country's population makes 5.164 million people. The majority of population (65%) is rural and 35% are city-dwellers. From the age structure point of view 32.8% population are children, 59% are people capable of working, 8.2% are elderly people

The life expectancy at birth in 2006 was 67.8 years, for men - 63.5 years, for women - 72.1 years. Kyrgyzstan's population is diverse from ethnic point of view. The largest ethnic group is Kyrgyz (about 65%), the other two large and equal in population ethnic groups are Uzbek and Russian, together they make about a quarter of the country's population. The other nationalities make less than 10% population. The state's language is Kyrgyz, an other official language is Russian.

According to UN Human Development Index the republic relates to medium scale. In 2000 Kyrgyzstan took the 102nd place in the world out of 173 countries in index size of human development. Kyrgyzstan's people possess a rather high educational level; the literacy rate of adults is 98.7%.

Kyrgyzstan is a low income group country based on the World Bank criteria. The country economy's base is formed by agriculture, providing over a third of the total GDP of the country. Approximately half of the economically active population is employed in agriculture. Industry contributes to about 20% of the GDP and 6% of employment. Basic industrial branches are: mining industry, hydropower, machine-building, light and food industries. Trade, transport and non-market services (education, public health etc.) make a noticeable share of GDP and employment. Geographically the country is divided into seven regions (oblasts) and a capital – Bishkek city.

Kyrgyzstan keeps in touch with all states having common political, economical and other interests with them; it is a member of many international organizations (UNO, the World Bank, OSCE, WTO, CIS and others).



Domain 1: Policy and Legislative Framework

Policy, plans, and legislation

The Law «On Psychiatric Aid and Citizens' rights » was adopted in 1999 by Kyrgyz Republic (KR) Jogorku Kenesh session. The Law was realized together with a National program «Kyrgyz Republic population's mental health for 2001-2010» by the Government's Decree № 344 dated July 13, 2001 and «On measures of KR population's mental health protection perfection» and by Ordinance of the Ministry of Health № 302 dated August 24, 2001. Simultaneously a list of professions considered to be dangerous for people with mental disorders was approved. In addition, an interdepartmental plan of measures on reforming of mental health protection services had been approved as well. Its basic components are: a) reforming in-patient and out-patient assistance to people with mental disorders; b) changes to the education system and medical personnel training for mental health professionals; c) organization and strengthening of the specialized mental health services; d) realization of medicinal policy on psychotropic preparations and anti-convulsants; e) elaboration of departmental standard documents on psychiatry; f)

training and retraining of secondary and high medical education specialists; g) interaction with other services and local state administration heads.

Regarding legislation, after independence, a renewal of the normative-legal base of mental health services was initiated, and 17 regulations and instructions on mental health were included into a collection of normative-legal acts of KR. It was approved by the Ministry of Health. Eight Clinical protocols on basic mental disorders for Primary Health Care Facilities physicians and seven for physicians-psychiatrists of hospital level have been worked out and approved. In 2006 mental health protection service was included into a Program of State guarantees.

Kyrgyz Republic took part in the European WHO conference at the level of mental health protection ministers (Helsinki, 2005), where Declaration and European Plan of Actions on mental health protection had been adopted and a general strategy of the population's mental health protection for the following 5-10 years was designated. A plan of measures on realization of Declaration principles and goals set up in the Plan of Actions was worked out by the Ministry of Public Health and a Two-year cooperation agreement on the realization of the European Plan of Actions on mental health protection was made with WHO regional office.

Every year the chief psychiatric specialists submit a Report on psychiatric service activity to the meeting of heads and to the health care organizers of KR Ministry of Health. Decisions on improvement of mental health service are taken there. Mental health care was not among the priorities of the National program of public health reform "Manas" and "Manas-Taalimi" but the Ministry of Health plans to introduce mental health protection service as a priority at the second stage of "Manas-Taalimi" National program of public health reform

There is no emergency/disaster preparedness plan for mental health. However, a list of essential medicines is present. These medicines include antidepressants, anxiolytics, antipsychotics, mood stabilizers and antiepileptic drugs.

Financing of mental health services

Four percent of health care expenditures by the government health department are directed towards mental health. It is not possible to define a specific weight of the financing towards mental hospitals as three mental hospitals are integrated with outpatient services and psychiatric/mental hospitals are financed at the community level. Moreover, the financing of mental health beds is related to the financing of the primary medical aid.

Funding of psychiatric services has been gradually increased and questions on food and drug procurement are being solved by the government. During the first years of independence the number of mental patient-beds in mental hospitals was reduced from 3250 up to 2301. The funds that were gained as a result of this decrease were supposed to

be directed to the patients and be transferred to outpatient mental health facilities but, unfortunately, these funds were transferred from mental health system to other fields of healthcare.

Persons with mental disorders are entitled to disability benefits including free psychiatric treatment, lower taxes, lower housing payments, and public transportation. All patients (59010) with mental disorders have free access to essential psychotropic medicines. According to the National program of medical aid state guarantees to KR citizens with mental disorders have a right to get free treatment and care in psychiatric hospitals as well as free provision of special drugs for outpatients (aminazin, haloperidol, Phenobarbital and carbamazepinum). The cost of the cheapest neuroleptic daily treatment is 17% of the minimum labor payment size (MLPS) and the cost of the cheapest antidepressant treatment is 3% of the MLPS.

Human rights policies

National-level or regional-level supervision bodies are functioning in KR (Ministry of Justice, Ministry of Health of KR, General Office of Public Prosecutor, Courts, Republican Center of Mental Health). They have the authority to oversee regular inspections in mental health facilities, to review involuntary admission and to discharge procedures, and to review complaints consideration processes.

Besides state bodies there are non-governmental remedial organizations in the republic that annually conduct monitoring on observing of mental patients' rights. In 2006 all inpatient and outpatient psychiatric facilities had at least one inspection of human rights protection of patients.

An Expert Council on Psychiatry is functioning in the Republican Center of mental health. The council's monthly meetings are devoted to review the following: requests by patients to be removed from or added to the register as well as complicated disputes regarding diagnoses and expertise.

Domain 2: Mental Health Services

Organization of mental health services

Mental health services in Kyrgyz Republic are under the supervision of the Medical-Organizational Department of the Ministry of Health. There are chief psychiatrists and chief child-psychiatrists within the MoH appointed from leading specialists on psychiatry. Every region has coordinators on mental health services responsible.

There is an organizational-methodic department in every center on mental health and a statistical room in the Republican psychiatric hospitals. Every year all psychiatric organizations submit their reports to the organizational-methodic, consultative and informational-analytical department of the Republican Center of Mental Health (RCMH)

and to the Republican medical-information center of the KR Ministry of Health. The RCMH administration presents an analysis report on the state of mental health services in the republic at the annual meeting of public health organizers.

Mental health outpatient facilities

There are 74 mental health outpatient facilities in Kyrgyz Republic; 14 of them are psychiatric institutions with mental outpatient services. Only 18% of them are exclusively for children and adolescents. The rate of users in outpatient facilities is 1,142 per 100 000 population. Forty-three (43%) of all patients are female, 15% are children and adolescents.

The diagnostic breakdown in outpatient facilities is as follows: schizophrenia and related disorders -17%, mood disorders - 3%, neurotic disorders – 9%, mental retardation – 42%, organic mental disorders - 24% and including epilepsy – 8% , disorders of adult personality and behavior – 2%. Patient's diagnosis is based on an official clinical examination. The high rate of patients with mental retardation patients is due to the absence of children psychiatric service in the regions and absence of practice on diagnostics and treatment of psychiatric disorders in Primary Health Care Facilities physicians and the early detection of mental disorders.

The low rate of mood disorders is due to the fact that users with mood disorders prefer to be treated by neurologists as it is less stigmatizing than seeing a psychiatrist.

The average number of contacts per user is 2,47. All mental health outpatient facilities accompany their patients in the community and 16% (12) have mobile brigades. The specialized clinical psychiatric brigades in the country form part of medical community institutions: in Osh and Bishkek they are a part of municipal ambulance stations, in the rest of the cities and districts the FMC (family medicine center) the physician goes to the patients home to provide treatment when needed. There is an air medical service under the republican National hospital which organizes specialists' visits to the remote districts of the republic.

All mental health outpatient facilities have at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizers, anxiolytic and antiepileptic medicines) available in the facility or a near-by pharmacy all year round. All or almost all (81-100%) patients in the outpatient facilities received one or more psychosocial interventions.

Day treatment facilities

Day treatment facilities for persons with mental disorders act as an intermediate between outpatient and inpatient care and are intended to help persons with psychiatric disorders who need curative-diagnostic help during daytime approximately equal by its quantity and intensity to residential (inpatient) treatment. Day treatment hospitals provide

opportunities for occupational therapy and rehabilitation of patients. Day treatment facilities for persons with mental disorders were first established in 1967.

Today there are two day treatment facilities, one for adults with 140 places and the other (established in 1985) for children with 20 places. The rate of users in these facilities is 12,12 per 100 000 population. The proportion of female being treated in daytime psychiatric facilities is 46% and the proportion of children makes 22%. The average number of days spent by users in day treatment facilities is 73, 2.

Community-based psychiatric inpatient units

There are 7 community-based psychiatric inpatient units in the republic with a total of 2, 2 beds per 100 000 population. There are no psychiatric beds in the community specified for children and adolescents. Forty-one percent (41%) of admissions to community-based psychiatric inpatient units are female and 0% are children and adolescents. The diagnosis of admissions to community-based psychiatric inpatient units are primarily from the following diagnostic groups: schizophrenia and related disorders -59%, neurotic disorders – 2%, mood disorders - 5% and others – 33%. On average patients spend 27, 8 days per discharge in community-based psychiatric inpatient units. All or almost all (81-100%) patients in the inpatient psychiatric units received one or more psychosocial interventions for the last year.

All mental health inpatient community-based units have at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizers, anxiolytic and antiepileptic medicines) available in the facility.

Community residential facilities

There are no community residential facilities in the country.

Mental hospitals

There are two mental hospitals and two mental health centers in Kyrgyz Republic. Functioning of inpatient units are regulated by standard regulations depending on the inpatient unit profile (general psychiatric unit, psychosomatic unit, children's unit, units for medical expertise of conscripts, forensic-psychiatric units etc.).

The total beds in mental hospitals are 42, 3 per 100 000 population. A gradual decrease of mental hospital beds in the psychiatric inpatient units is taking place in the country. There were 3000 beds in the mental hospitals in the republic at the beginning of 1997. During the last five years the number of beds was decreased by 4%. The occupancy rate in mental hospitals is 67%. This low rate is connected with integration of mental health service to primary health care facilities. MoH plans to further reduce the number of beds in mental hospitals. Three psychiatric hospitals out of four are organizationally integrated with mental health outpatient facilities. Thirty-eight (38%) of users treated in mental hospitals are female and 6% are children.

Mental hospital patients are divided into the following nosological categories according to ICD – 10: schizophrenia and related disorders -37%, neurotic disorders – 13%, mood disorders - 3% and other (epilepsy, organic mental disorders, mental retardation, behavior and emotional disorders, occurring usually in the childhood or adolescence, disorders of psychological development) – 46. The low rate of mood disorders is due to the fact that users with mood disorders prefer to be treated by neurologists as it is less stigmatizing than seeing a psychiatrist.

Inpatients in mental hospitals spend on average 65, 6 days per year, 92% of patients spend less than a year, 8% of patients spend from 1 to 4 years and less than 1% of patients spend 5-10 years in mental hospitals. Five percent of total mental patient-beds are reserved for children and adolescents.

All mental hospital units have at least one psychotropic medicine of each therapeutic class (antidepressant, mood stabilizers, anxiolytic and antiepileptic medicines) available in the facility. The majority (51-80%) of mental hospitals patients received one or more psychosocial interventions for the last year.

Forensic and other residential facilities

There are 249 beds (4.8 per 100,000 population) for people with mental disorders in forensic inpatient units, 74% of them are in mental hospitals, the other 26% are prisons. Ninety-six (96%) of patients spend less than a year in these hospitals and 4% of patients spend 1 to 4 years.

There are 1120 beds in residential facilities for mental retardation of the Ministry of Labor and Social Development. In total there are 13 similar facilities and two of them are for youth at the age of 17 and under (375 beds).

Human rights and equity

No admissions to community-based inpatient psychiatric units and 0.3% of all admissions to mental hospitals are involuntary. The decision on admission is usually taken by parents or relatives, for this reason patients usually agree and they sign the agreement.

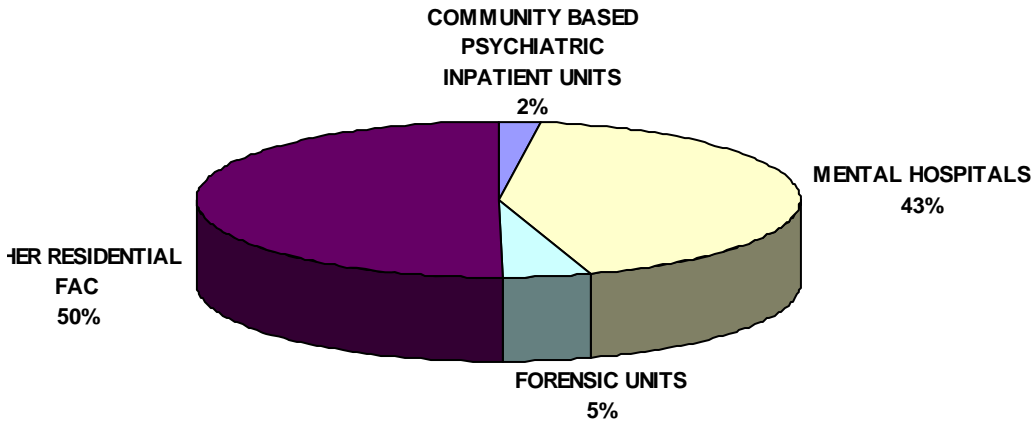
Between 11% and 20% of patients were restrained or secluded at least once within the last year in community-based psychiatric inpatient units, in comparison to 11-20% of patients in mental hospitals.

The density of psychiatric beds in or around the largest city is 1.85 times higher than the density of beds in the entire country. Such a distribution of beds prevents access for rural users.

Inequity of access to mental health services for other minority users (e.g., linguistic, ethnic, religious minorities) is a moderate issue in the country.

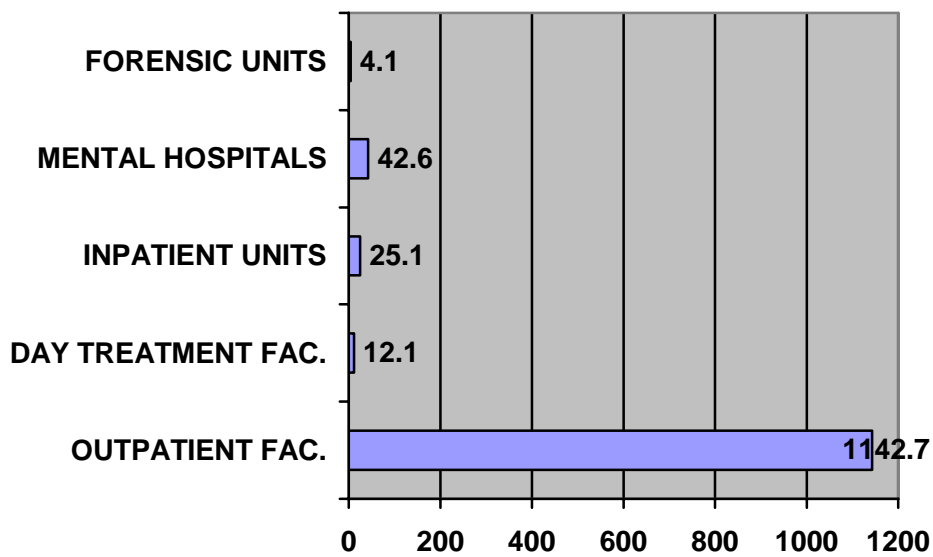
Summary Charts

GRAPH 2.1 - BEDS IN MENTAL HEALTH FACILITIES AND OTHER RESIDENTIAL FACILITIES

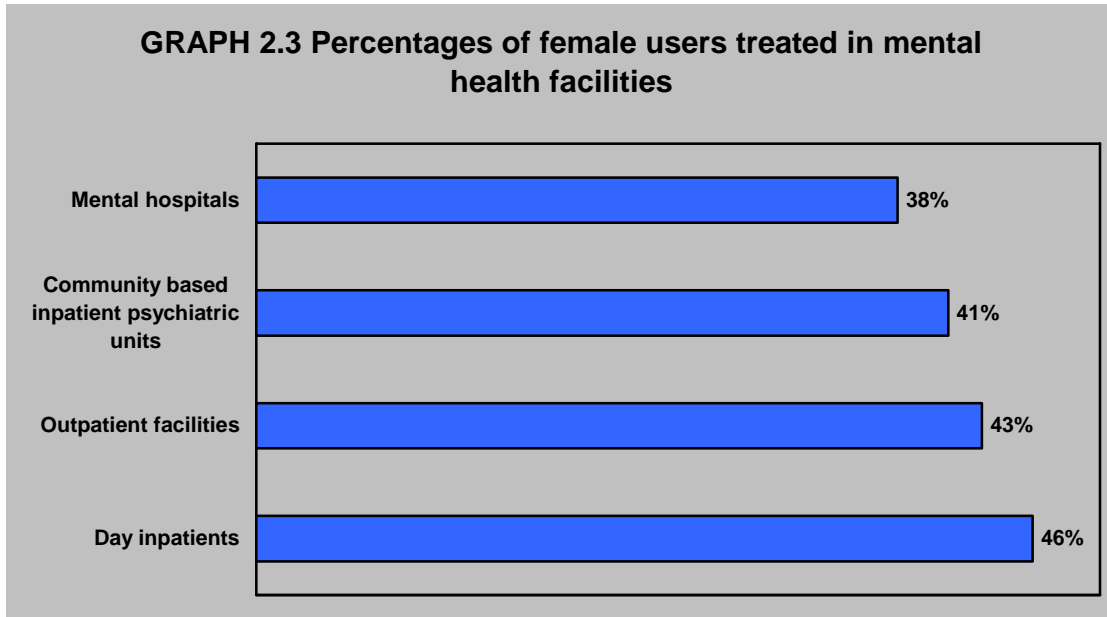


The majority of beds are located in mental hospitals and other residential facilities and only a minority in community based psychiatric units.

GRAPH 2.2 - PATIENTS TREATED IN MENTAL HEALTH FACILITIES (rate per 100,000 population)

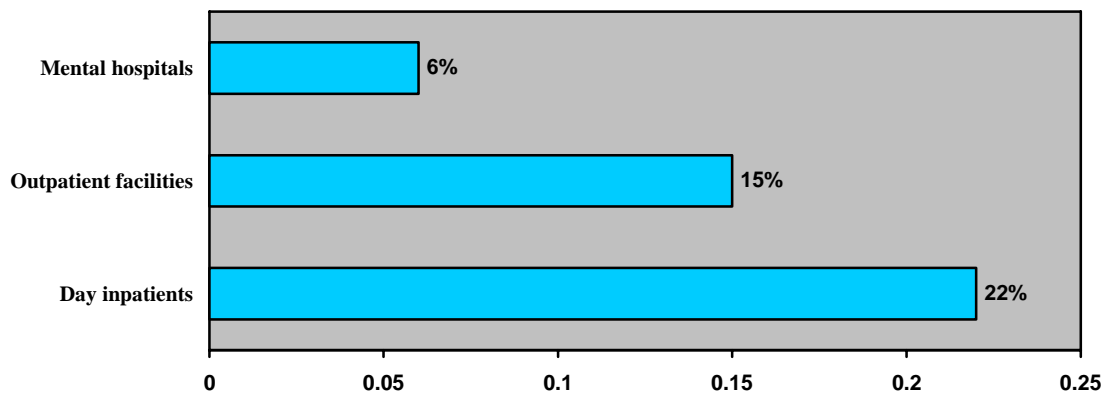


The majority of patients are being treated in the outpatient facilities and the number of patients treated in mental hospitals, daytime inpatient units, and community-based inpatient psychiatric facilities is considerably low.



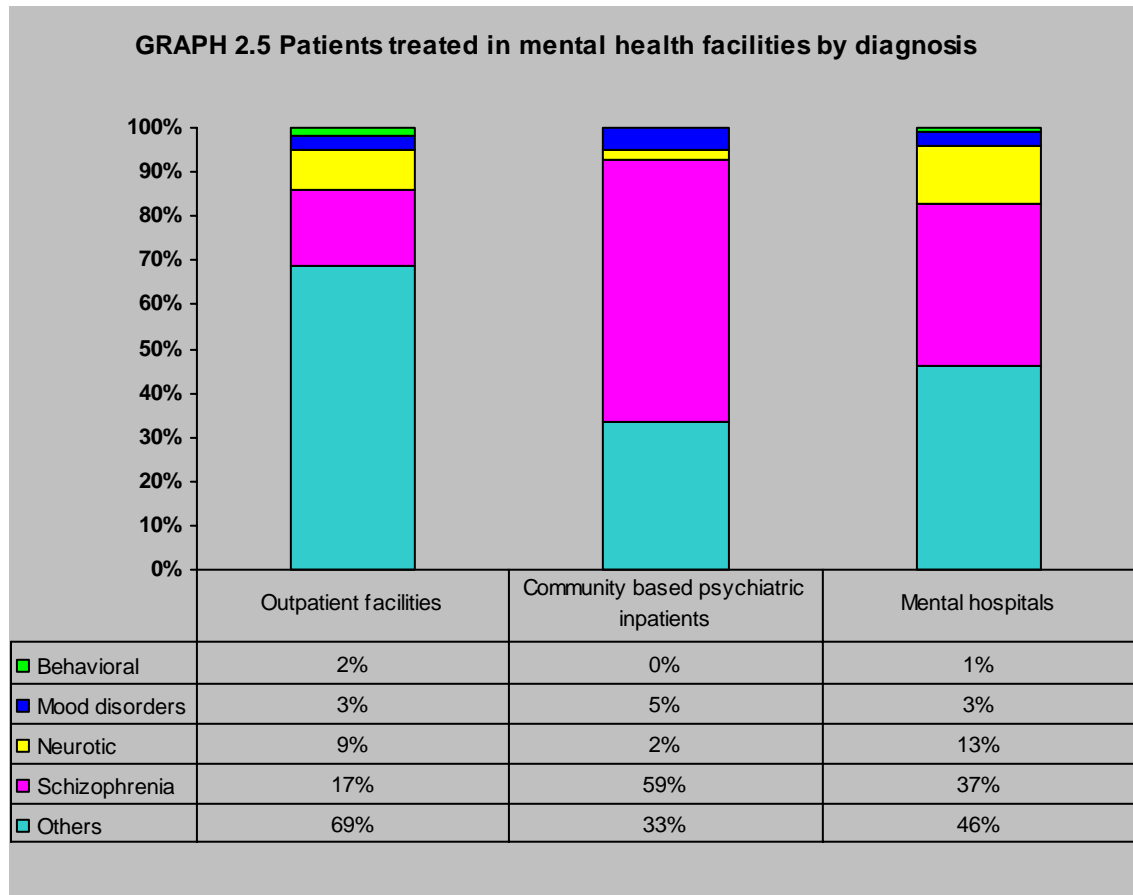
Female-patients make 46% of daytime inpatient units' patients, 43% of the patients in outpatient facilities and 38% of mental hospital patients.

GRAPH 2.4 Percentage of children and adolescents treated in mental health facilities among all users



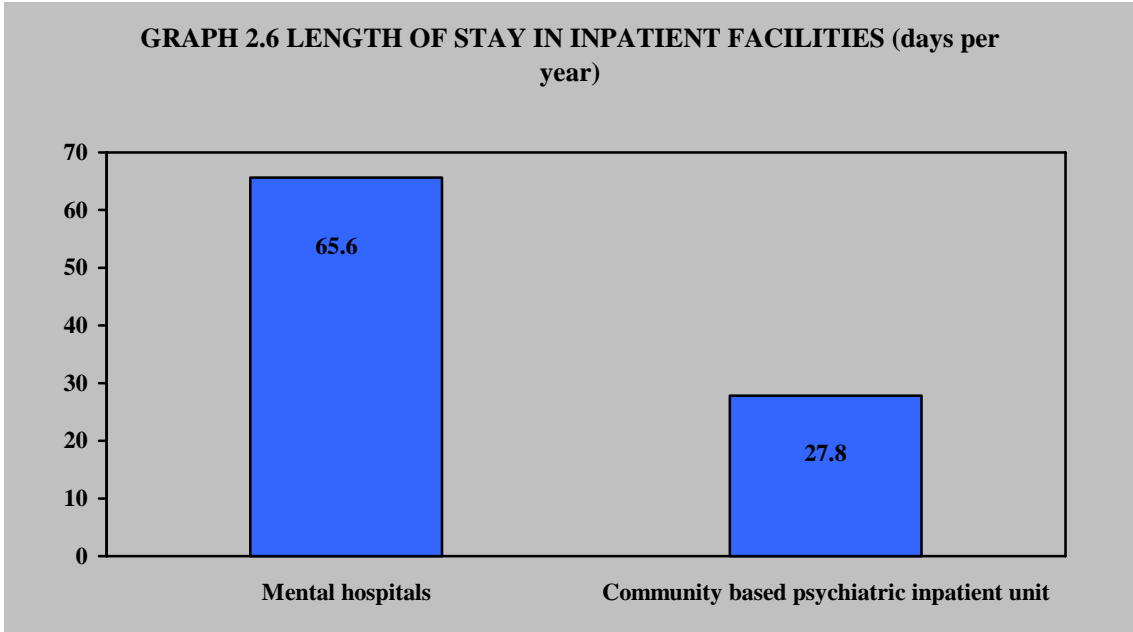
The percentage of users that are children and/or adolescents varies substantially from facility to facility. The daytime inpatient units have the largest proportion of children and

adolescents (22%) while mental hospitals have the smallest proportion of children and adolescents (6%).



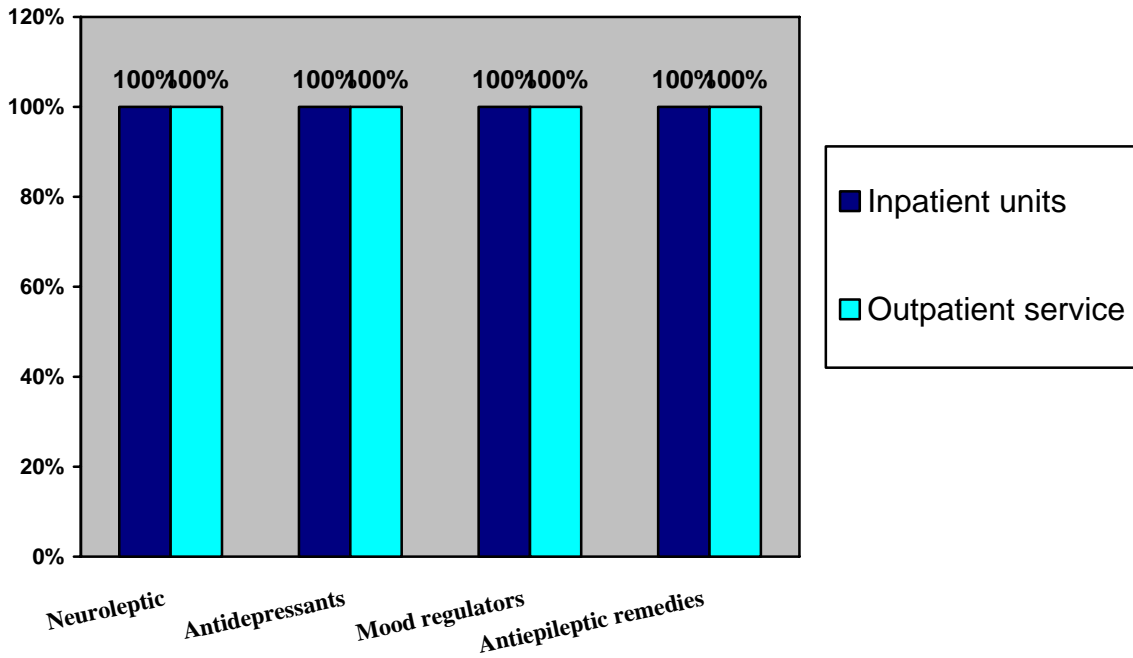
Diagnosis distribution varies between units: patients with schizophrenia prevailing in community-based psychiatric inpatient units, and other diseases (for example, epilepsy, organic psychiatric disorders and mental retardation) occurring more often in the hospitals and outpatient facilities.¹

¹ Narcological beds for alcoholic dependence treatment function in the structure of psychiatric inpatient units. Statistical data on their number and activity are shown in separate narcological reports.

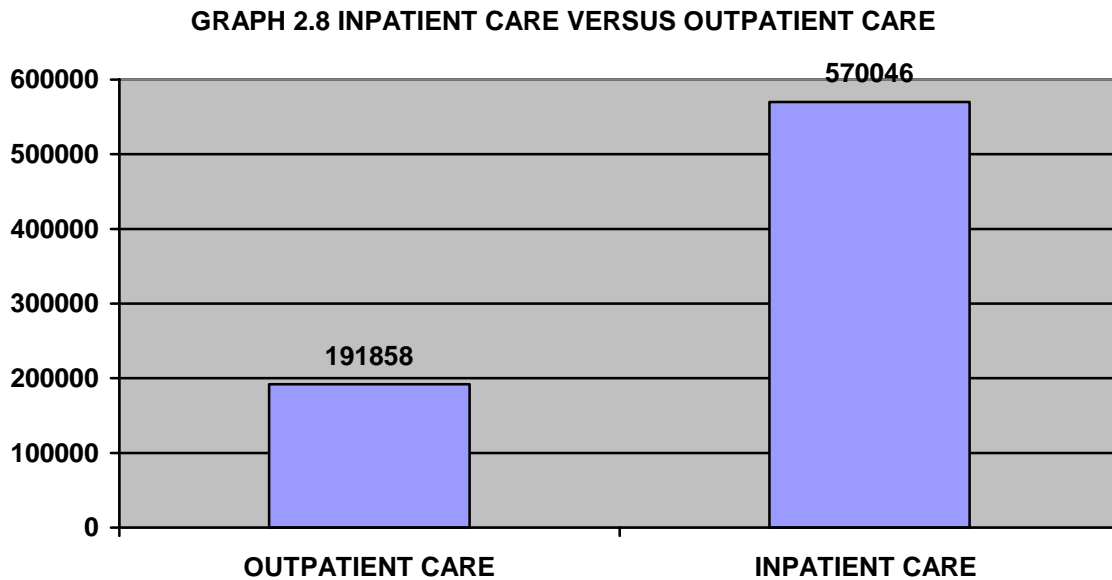


Length of stay in the daytime inpatient units is the highest in mental hospitals.

Diagram 2.7. Accessibility (provision of needs) of psychotropic medicines in psychiatric organizations



In all organizations (or in a nearby pharmacy) at least one psychotropic medicine of each therapeutic category (anti-psychotic, antidepressant, mood stabilizer, anxiolytic and antiepileptic medicines) is available all year long.



The ratio between outpatient/day care contacts and days spent in all the inpatient facilities (mental hospitals, residential facilities and general hospital units) is an indicator of extent of community care: in this country the ratio is 1:3. This means that there is one outpatient contact per 3 days spent in inpatient care, suggesting that inpatient care is still more prevalent.

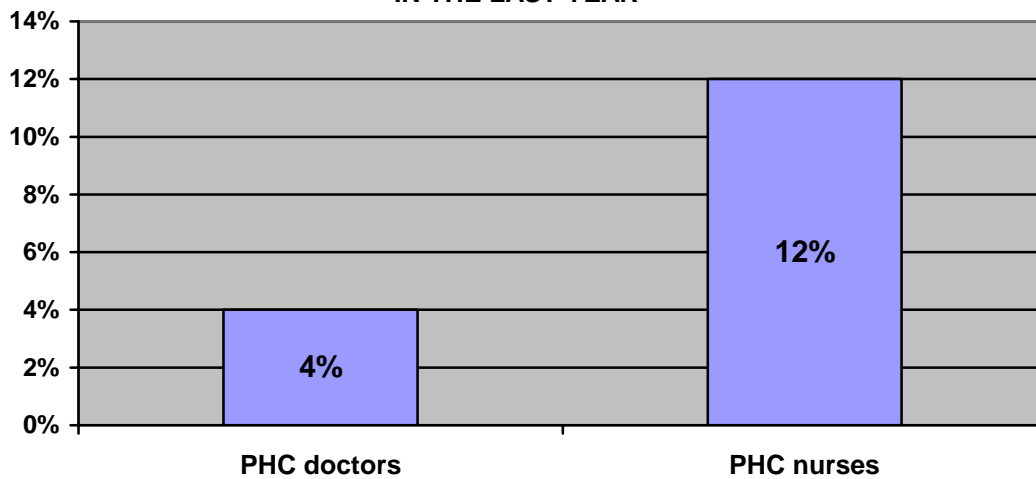
Domain 3: Mental Health in Primary Health Care

Training in mental health care for primary care staff

Four percent (4%) of the family physicians program content is devoted to mental health in comparison with 5% of the program for nurses. Four (4%) of physicians and 12% of primary health care units' nurses completed re-fresher training on mental health. This training consists of two phases (the first phase of 15 hours and the second phase of 16 hours) on mental disorders issues.

Graph 3.1: Percent of primary health care professionals with at least two days of refresher training in mental health in the last year

GRAPH 3.1 - % OF PRIMARY CARE PROFESSIONALS WITH AT LEAST 2 DAYS OF REFRESHER TRAINING IN MENTAL HEALTH IN THE LAST YEAR



Mental health in primary health care

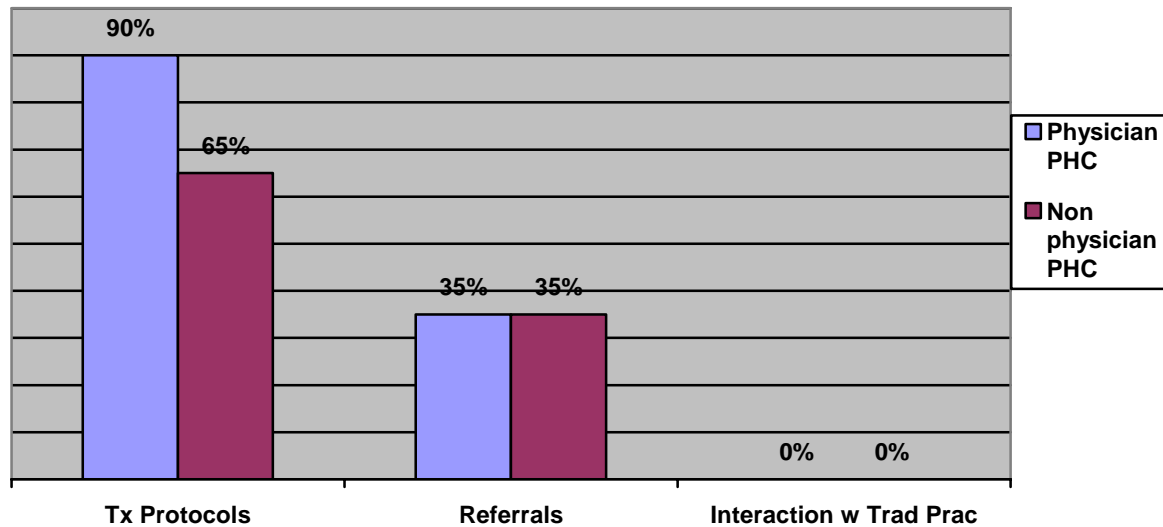
The quantity and quality of medical services rendered by primary health care organizations increases every year in Kyrgyz Republic. Since the beginning of 2007 there are 85 family medicine centers (FMC), 3 centers of general medical aid (CGMA) that have 670 family physicians centers (FPC), 29 independent FPC and 899 feldsher-obstetrician points (FOP).

In the highlands the population is being served by FOP specialists. Many FOPs had been liquidated during the process of public health reform in the Republic, as a result the rural population was left without primary medical aid. However, according to the most recent reform "Manas Taalimi" National Health Reform Program 2007-2008, it is planned to increase the number of FOP and to improve their equipment.

In total, 4742 general practitioners were working in primary health care as of the beginning of 2007. Some primary care doctors interacted with psychiatrists. They render primary medical aid, provide first care and send the patients to the psychiatrists. All or almost all primary care facilities have clinical protocols on assessment and treatment of basic mental health problems. There is a coordinator in each district who organizes seminars and meetings with medical specialists, including psychiatrists.

Graph 3.2: Comparison of physician-based primary health care with non-physician based primary health care

GRAPH 3.2 - COMPARISON OF PHYSICIAN BASED PRIMARY HEALTH CARE WITH NON-PHYSICIAN BASED PRIMARY HEALTH CARE



Prescription in primary health care

Order #48 of the Ministry of Health of Kyrgyz Republic dated 30.01.2006 «On rules of drugs prescription and their release» allows primary health care doctors to prescribe psychotropic medications with some restrictions. In addition, the Order of the Ministry of Health № 348 dated 24.08.05 strictly regulates storage, registration, release and use of psychotropic agents in the medical practice, and establishes specific technical requirements on maintenance of stock of psychotropic drugs. A lack of storage facilities and limited financial resources within rural primary health care institutions makes it difficult to fulfill these requirements, especially in the mountain regions, which are difficult to access.

Nurses, feldshers (= the assistant of a doctors) of the FOP located in mountain regions difficult to access are allowed to prescribe psychotropic drugs with some restrictions. There are 899 FOPs in the country and 280 of them have a license for prescription in emergency cases.

Primary health care doctors without high or secondary medical education are allowed to prescribe psychotropic medications but with restrictions.

Domain 4: Human Resources

Number of human resources in mental health care

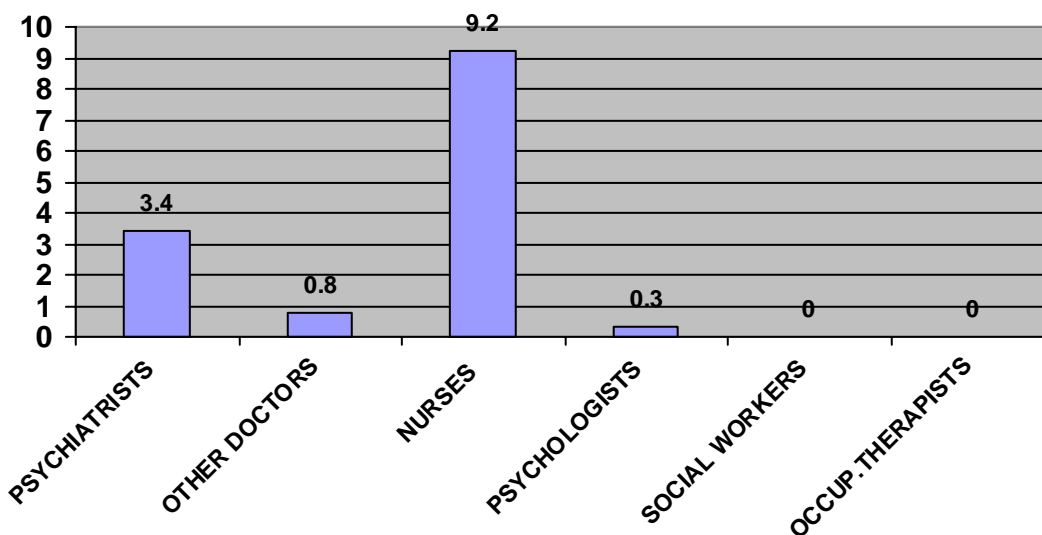
The total number of human resources working in mental health facilities or private practice per 100,000 population is 27.5. The breakdown according to profession is as

follows: 3.4 psychiatrists, 0.8 other medical doctors (not specialized in psychiatry), 9.2 nurses, 0.3 psychologists and 12 other health or mental health workers (including auxiliary staff, primary health care workers without high or secondary medical education, technical workers). There are no social workers and occupational therapists. All mental health workers, except a small proportion of psychiatrists (1%) work for government administered mental health facilities.

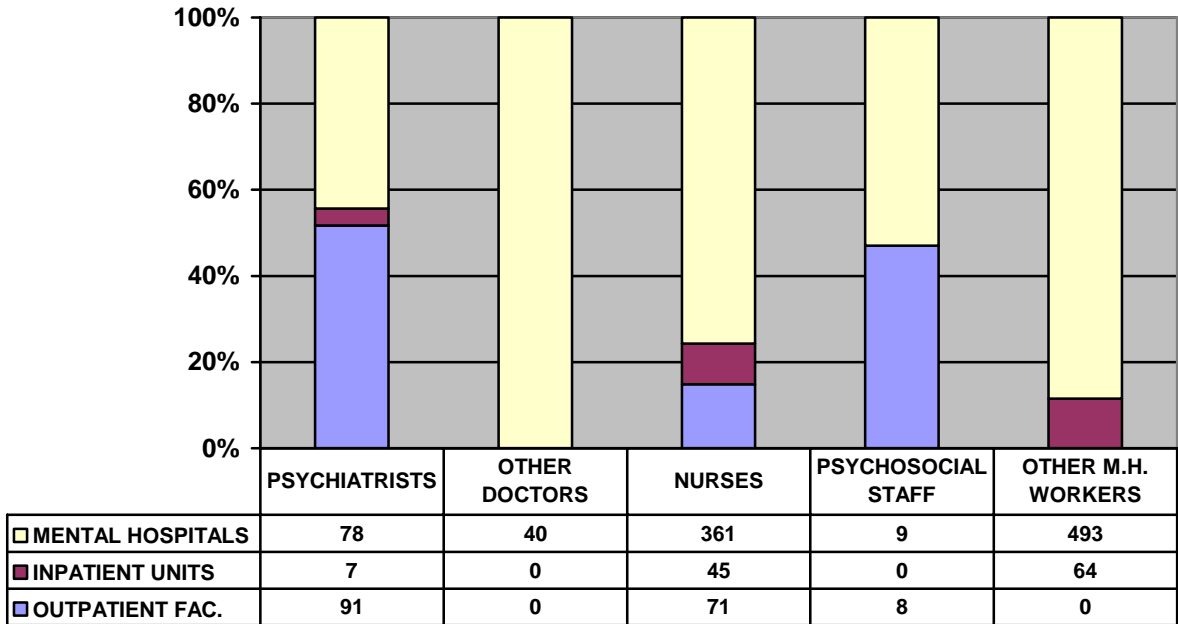
Concerning the workplace, 91 psychiatrists work in outpatient facilities, 7 in community-based psychiatric inpatient units and 78 in mental hospitals. As for nurses, 71 work in outpatient facilities, 45 in community-based psychiatric inpatient units and 361 in mental hospitals. Eight psychologists work in outpatient facilities and 9 in mental hospitals. With regard to other health or mental health workers, 0 work in outpatient facilities, 0 in community-based psychiatric inpatient units and 493 in mental hospitals. In terms of staffing in mental health facilities, there are 0.06 psychiatrists per bed in community-based psychiatric inpatient units, in comparison to 0.04 psychiatrists per bed in mental hospitals and there are 0.39 nurses per bed in community-based psychiatric inpatient units, in comparison to 0.17 per bed in mental hospitals.

The distribution of human resources between urban and rural areas is disproportionate. The density of psychiatrists in or around the largest city is 2.4 times greater than the density of psychiatrists in the entire country. The density of nurses is 2.7 times greater in the largest city than the entire country.

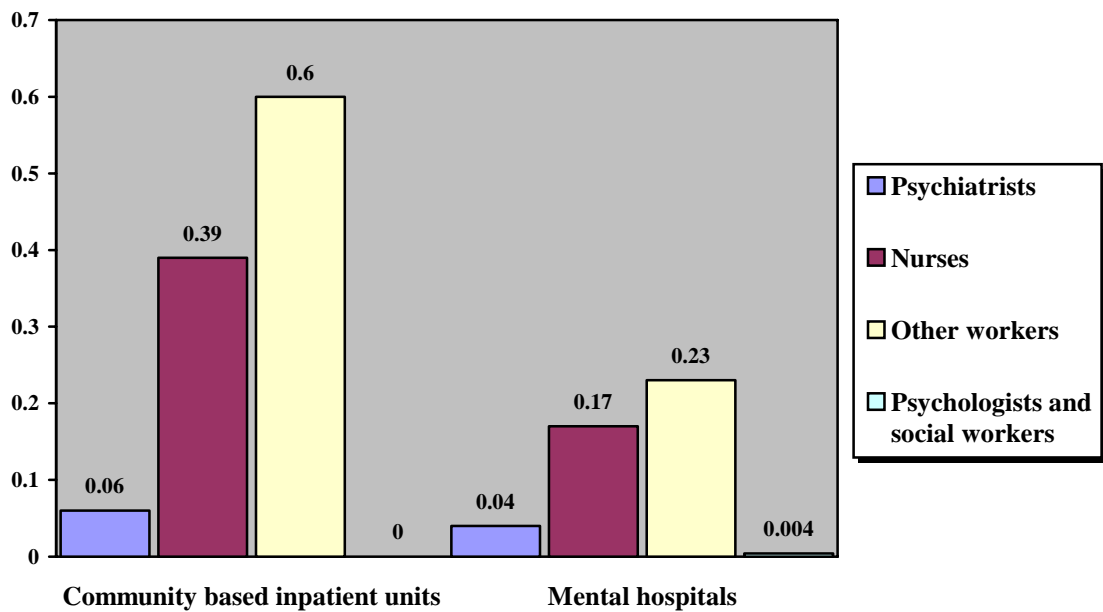
**GRAPH 4.1 - HUMAN RESOURCES IN MENTAL HEALTH
(rate per 100.000 population)**



GRAPH 4.2 - STAFF WORKING IN MENTAL HEALTH FACILITIES



GRAPH 4.3 Number of staff per bed in inpatient facilities



Training of professionals in mental health

In Kyrgyz Republic preparation of higher level medical professionals is undertaken in five higher educational institutions – Kyrgyz State Medical Academy, Kyrgyz-Russian Slavic University, Kyrgyz-Uzbek University, Osh State University, Issykkul State University.

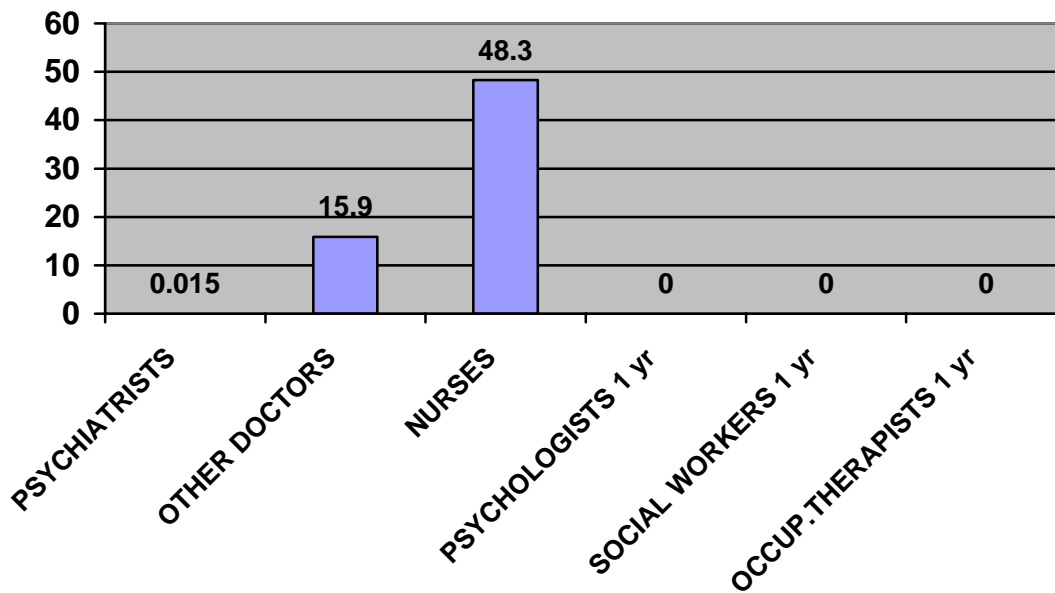
Eight (8) psychiatrists and 823 general practitioners graduated in 2006 from higher educational institutions. 2499 nurses graduated from secondary medical educational institutions. That makes the following rate per 100 000 population: psychiatrists - 0,15, general practitioners - 15,9 and nurses - 48,4.

For 2006 40% of psychiatrists and 20% of nurses attended refresher training on the rational use of psychotropic drugs. 26% of psychiatrists, 20% of nurses and 29% of psychologists participated in refresher training on psychosocial interventions.

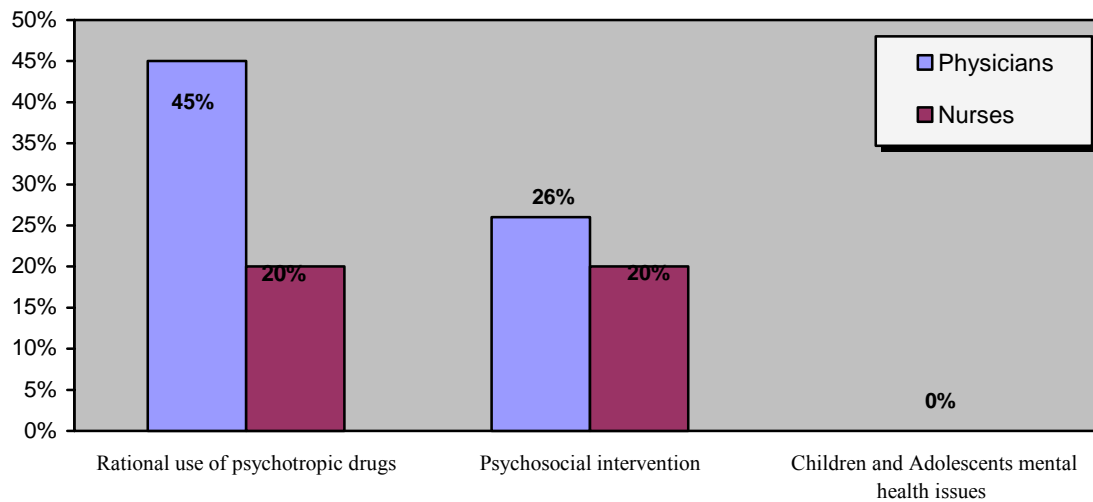
Refresher training on children/adolescents mental health issues was conducted by Kyrgyz state medical institute on training and retraining of human resources in 2005 and all child psychiatrists of the country took part in it.

Five chairs of Psychiatry and medical psychology of the above-mentioned institutions are preparing specialists. Annually 5-6 post-graduate students are being trained in mental health and only some of them stay to work in mental health facilities. Low salary/wages, poor material and technical equipment of psychiatric inpatient units repel young specialists. In 2006, 3 Ph.D. theses in medicine in the field of mental health were defended. Six psychiatrists have emigrated to other countries during the last five years.

**GRAPH 4.4 - PROFESSIONALS GRADUATED IN MENTAL HEALTH
(rate per 100.000 population)**



GRAPH 4.5 Percentage of mental health staff with two days of refresher training in the past year



Consumer and family associations

In 2006, the following non-governmental non-commercial organizations rendered assistance to people with mental health needs in the republic:

- ◆ “Nadejda”, non-governmental non-commercial organization;
- ◆ Rehabilitation center for adolescent “Uventus”;

- ◆ “Sochustvie”. Day center for children with autism, non-governmental non-commercial organization;
- ◆ Disabled-children family association, non-governmental non-commercial organization
- ◆ “Mental health and community” non-governmental organization;
- ◆ “Family and community” non-governmental non-commercial organization;

A day center for children with mental retardation and autism had been established and was functioning during 2000-2006 under “Soros-Kyrgyzstan”. In addition, "Foundation promotion. Save the children- Denmark" is operating in Kyrgyzstan since 1996. General activities are the following: providing care and support, as well as free medical assistance to disabled and mentally retarded children.

Domain 5: Public Education and Links with other Sectors

Public education and awareness campaigns on mental health

The Ministry of Public Health of Kyrgyz Republic acts as a coordinating body that oversees public education and awareness campaigns in mental health and on mental disorders. Government ministries, NGOs, professional associations, foundations and international agencies all have promoted public education and awareness campaigns. These campaigns have targeted the following groups: children, adolescents, women and trauma survivors.

A big campaign on training of parents and specialists in mental health on interaction with children with developmental disabilities was carried out in mental health sphere. During 2000-2006 seminars-trainings with doctors on outpatient admission and diagnosis of children’s mental retardation and autism were carried out under “Soros-Kyrgyzstan” It resulted in a publication of practical guidebooks for mental health specialists and the general population.

A big campaign (2003-2005) on antistigmatization was carried out with Euroasia Foundation within the framework of project “Creation of civil and state mechanisms system’s basis against stigma of mental health patients for protection of their civil rights”. Seminars-trainings were carried out for mass media, psychiatrists, family doctors, social workers and relatives. Practical guidebooks have been published as a result.

Legislative and financial provisions for people with mental disorders

Legislative and financial support of persons with mental disorders for the purposes of their employment, protection against discrimination at the workplace and provision in housing is stipulated according to the Laws “On social service of population in Kyrgyz Republic” and “On social protection of disabled people in Kyrgyz Republic”. Forty-three (43%) of the total number of people receiving hardship allowance for disability are people with mental disorders.

Links with other sectors

There are formal collaborations of services responsible for mental health with services responsible for public health in general, and with the departments responsible for primary medical-sanitary assistance, HIV/AIDS, reproductive health, child and adolescent health, abuse of psychoactive substances, child protection, education, social defense, organs of internal affairs and judicial proceedings in Kyrgyz Republic.

The total number of elementary and secondary schools in the country is 2045. There is no information available on the proportion of primary and secondary schools that have either a part-time or full-time mental health professional.

There is a multi-field hospital for prisoners in Bishkek city having a unit for people with mental disorders in the Ministry of Internal Affairs. The proportion of prisoners with psychosis and mental retardation is less than 2%. There is a position of psychiatrist in the investigative isolation jail of Bishkek city and this position is filled up by the attested specialist of the Ministry of Internal Affairs system. Special equipped cells are allotted to people with mental disorders in order to keep defendants under investigation while they are waiting for psychiatric examination or for those waiting for a verdict after a completed examination.

Seminars on implementation of joint order of the Ministry of Health No. 362 dated 02.10.2005 and Ministry of Internal Affairs No.367 dated 19.10.2005 “On improvement of work on prevention of public-danger actions of patients with mental disorders” and instruction “On organization of public health institutions’ interaction with internal affairs organs” (20-51% cover) are carried out annually

Some judges and lawyers (1-20%) have participated in educational activities on mental health within the last five years.

Due to difficult economic situation in the country, there are no programs of employment outside the psychiatric facilities.

Domain 6: Monitoring and Research

There is a system of statistical information collecting and analyzing on mental health in Kyrgyz Republic. Organizational-methodological departments and offices of regions and psychiatric organizations are responsible for this task. They collect statistical data by using an official report form approved by the National statistics committee. Every year specialists collect information from all psychiatric organizations for the organizational-methodological department of the Republican mental health center. This department is responsible for statistical data on mental health service. After processing and analyzing all the data are sent to the Republican medical-informational center of the Ministry of Health of Kyrgyz Republic. This center is responsible for statistical information on mental health services throughout the country. Annually the Republican medical-

informational center submits the summary annual report to the National statistical committee. The “Population health and public health organizations activity” collection is published by the Ministry of Health of Kyrgyz Republic.

The head of psychiatric organization and free lance specialists on psychiatry draw a final report on the situation and the problems of mental health services in the republic. This report is submitted to the annual meeting on psychiatric service in the Ministry of Health.

Table 6.1. Percentage of mental health facilities collecting and compiling data by type of information.

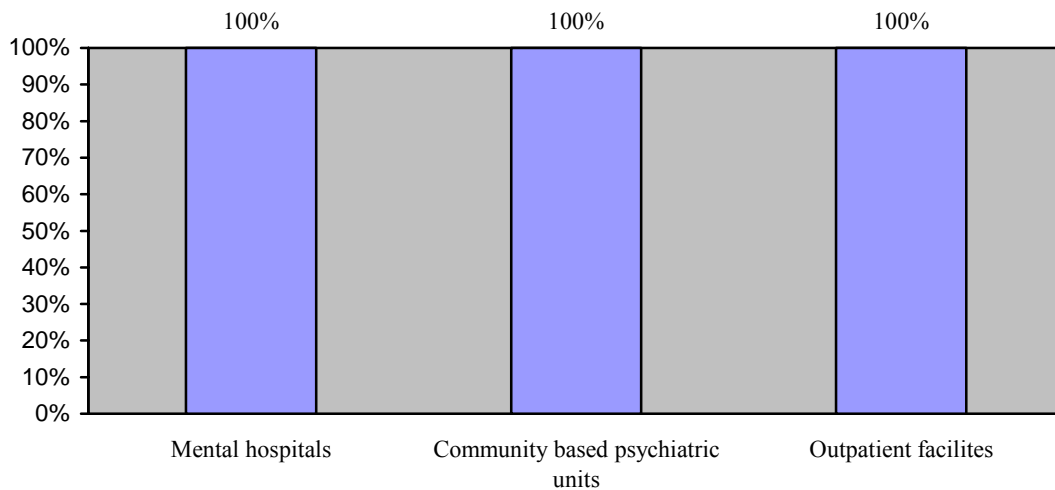
	Mental hospitals	Community based inpatients	Outpatients
Beds	100%	100%	100%
Inpatient admissions treated in outpatient facilities	100%	100%	100%
Days of visit/stays of patients in outpatient facilities	100%	100%	100%
Involuntary hospitalizations	100%	100%	100%
Treated patients	100%	100%	100%
Diagnoses	100%	100%	100%

Scientific researches are carried out by workers of psychiatry and the medical psychology chair. This research is dedicated to study of ethno-cultural mental disorders’ peculiarities in Kyrgyz Republic, organization of mental health services, psychosocial assistance and psychotherapy.

None of the 18 works that had been published during 2006 was included into reference number of Current Contents or Index Medicus. Mainly, these publications are republican level publications or reports in conferences.

The total number of publications dedicated to health in the country or region for the last five years is 33 according to the data of Pub Med and 1 (3%) of them is dedicated to mental health.

GRAPH 6.1 Percentage of mental health facilities transmitting data to the health department



Strengths and weaknesses of mental health system in Kyrgyz Republic.

The results of the assessment of psychiatric services in Kyrgyz Republic illustrate that certain successes have been made in improvement of the mental health services.

Mental health services are governed by the Law “On psychiatric assistance and guarantee of citizens’ rights at its rendering” adopted at the session of Jogorku Kenesh (Parliament) of KR in 1999. Due to some circumstances the law was realized a year later, together with the National program “Mental health of Kyrgyz Republic population for 2001-2010” by one Government Decree No.344 dated July 13, 2001 “On measures of improvement of population’s mental health in Kyrgyz Republic”.

Adoption of the “Law on psychiatric assistance and guarantee of citizens’ rights” promotes maintenance of protection of rights and interests of people with mental disorders and their social support. A normative-legal base has been created in accordance with the Law.

The National Program “Mental health of Kyrgyz Republic population for 2001-2010” targets to change the assistance to people with mental disorders, to establish developed mental health services, as well as to change society’s attitude towards mental health and people with mental disorders.

Ministers of mental health protection of the Kyrgyz Republic participated in the WHO European conference (Helsinki, 2005), where the Declaration and European Plan of Actions on mental health protection were adopted and a general strategy on population’s mental health protection for the following 5-10 years was designated.

Signing the Declaration obliges the Ministry of Health of Kyrgyz Republic to monitor accepted commitments by providing implementation and observance of the legislation on mental health protection.

After the collapse of the USSR and formation of an independent Kyrgyz Republic, Kyrgyz psychiatry went through several transformations. Unfortunately during the process of public health reform in the republic, psychiatrist positions at the level of districts and cities have were liquidated during the organization of family medicine institute. In 2001 positions of adult psychiatrists were included into the structure of family medicine centers, but psychiatry lost a majority of qualified specialists (migration to other countries, leaving for other structures).

Not all points of the National program “Mental health of Kyrgyz Republic population for 2001-2010” were accepted during the reformation process of psychiatric service organization. For example, the integration of the Republican psychiatric hospital unit of Chym-Korgon village and the children psychiatric hospital with the Republican [psychoneurologic dispensary](#) into the 'Republican center of mental health' showed that management over such amalgamation was too difficult and did not comply with the reform purposes. Therefore in an effort of [de-institutionalization](#) the Republican psychiatric hospital and children psychiatric hospital are again singled out as independent institutions.

Psychonarcological crisis beds were organized in the structure of district and city hospitals.

Clinical protocols for doctors on diagnostics and treatment of main mental disorders were established and published both at the primary and hospital levels. Training of higher medical institution teachers on mental health was conducted in order to provide further training for family practitioners.

Four (4%) of budget allocated for the republican public health is spent on mental health services. Financing of community based psychiatric inpatient units and outpatient services is included into financing of primary medical sanitary assistance. At the same time 3 mental hospitals are integrated with outpatient service. In this connection it is difficult to divide financing of mental inpatients and outpatient services, but with help of a best estimation method it was determined that 50% of mental health services' means are allocated to community based mental inpatients and outpatient assistance.

During the first year of independence, beds in mental inpatients services were reduced from 3250 up to 2299. Saved money should have been be directed to patients and transferred for development of out mental health inpatient services, unfortunately these means were transferred from mental health protection services to other public health spheres.

A basic normative base on mental health protection was created within the last few years. However, insufficient financing of psychiatric services had led to a worsening of conditions in psychiatric hospitals and the quality of care and treatment.

Unfortunately, mental health service was not included into the priorities of the National program “Manas-Taalimi” on reformation of public health and that is the reason of insufficient financing of services and the low level of mental facilities and medical technologies, and a deficiency of qualified staff and trained specialists for providing outpatient psychiatric assistance, especially in rural areas.

Reduction of psychiatric wages rate, beds, therapeutic workshops, absence of advanced equipment and insufficient drug supply promote an opinion that the profession of psychiatrist is not prestigious for young specialists. The number of doctors decreases every year. Taking into account the fact that a large percent of staff in psychiatric organizations are of retirement age, there is no possibility to fill up the staff deficit in the near future. At the same time the work load of psychiatric services is rising: the number of demands of psychiatric aid increases and as well as a number of patients under dispensary control.

There is a disproportion in provision of medical specialists in the republic: they are mainly concentrated in the capital or large cities and not enough in rural areas. Children's psychiatric services, as well as medical psychological and psychotherapeutic services are practically all concentrated in the capital (Bishkek city).

The increased outflow of medical staff into other sectors and outside the republic essentially has had an impact on service provision. Due to the insufficiency of financial funds, there is no training on a regular basis for specialists in the public health organizations. However, there is a small number of hours in the retraining curricula spent on mental health and more time is given to theoretical preparation of specialists rather than on practical skills. Maintenance of organizational-methodological and practical help on implementation of effective technologies is not provided.

There is no system on rendering medical-psychological assistance to the population under extreme situations. Child and adolescent psychiatric, medical-psychological, and psychotherapeutic and social services are not developed enough in the republic.

The necessity of creation of aid for suicidal persons in the republic was included into the National Program “Mental health of Kyrgyz Republic population for 2001-2010” but this kind of service is still not established because of lack of sufficient funds.

Taking into account the condition of mental health services, it is necessary to carry out further service restructuring with the purpose of improving medical-sanitary assistance provision at the primary level.

Plan of realization actions of the National program “Mental health of Kyrgyz Republic population for 2001-2010”:

- continuation of work on integration of mental health questions into practice of Primary Health Care;
- widening of crisis beds network at the community level.

This will help to provide an access to primary qualified medical-sanitary assistance for people with mental disorders.

Achievement of set up goals, undoubtedly, will promote realization of planned actions in this direction within the framework of the Two-year Agreement on Cooperation between the Ministry of Health and WHO European Regional Office.

Next steps in planning mental health action

The following institutions and authorities should receive a copy of this report. The report should also be translated into Kyrgyz.

- Minister of Health;
- First Deputy Minister being a curator of this service;
- Head of the Board for medical assistance organization;
- Head of the Board for personnel policy and organizational work;
- Head of the Board for strategic planning;
- Head of the Board for economics and financial policy;
- Center for Public Health Development;
- Center for Public Health Strengthening.

Heads of the community based inpatients.

Ministry of Labour and Social Development;
 Ministry of Education;
 Ministry of Emergency Situations;
 Ministry of Internal Affairs.

Professional Associations:
 Kyrgyz Psychiatric Organization.

Medical institutions on training specialists-psychiatrists, nursing specialists:
 -Chair of psychiatry and medical psychology of Kyrgyz State Medical Academy;
 -Chair of psychiatry and medical psychology of Kyrgyz-Russian-Slavic University;
 -Osh State University;
 -Kyrgyz state institute of personnel' training and retraining;

International organizations: UNICEF, UNDP, UNFPA and NGOs.

Besides it is necessary to submit results of this work to the groups mentioned above. Taking into consideration WHO/AIMS estimation results it is necessary to conduct the following measures:

- The establishment of study programs on mental health protection issues in organizations of public health primary branches in the following nosological categories: depression, generalized anxious disorders, panic attacks with agoraphobia, somatic disorders, dimension, mental retardation, enuresis, first aid in psychiatry, epilepsy, depression.
- Trainings for family group physicians in pilot Family Medicine Centers and subsequent development of trainings throughout the country.
- Improvement of educational programs for pre-diploma and post-diploma specialists, training on mental health issues in educational institutions, personnel training and retraining courses for specialists with higher and secondary education.
- Establishment of inter-departmental commission on development of a program on rendering psychiatric assistance in extreme situations.

The World Health Organization Assessment Instrument for Mental Health System (WHO-AIMS) was used to collect information on the mental health system in Kyrgyz Republic. WHO-AIMS had been developed to evaluate key components of the mental health system and thereby provide necessary information for its strengthening. Thus, the goal of collecting this information is to improve mental health system and service delivery in the Kyrgyz Republic.

There is an appropriate legislation, policy and plan on mental health and services in the Kyrgyz Republic. Service provision is guided by the Law “On Mental Aid and Warranties of the Citizens’ Rights at its Rendering” and the National program “Mental Health of Kyrgyz Republic Population for 2001-2010”.

Two mental hospitals and two mental health centers operate in Kyrgyz Republic. In addition, 74 out-patient organizations provide mental health care. However, only 18% of them are reserved for the treatment of adolescents and children. At the community level 7 medical/hospital organizations are operating and with a total bed count beds of 2,2 per 100 000 population. Two day time hospitals with a total 160 beds are operating now and provide treatment for 12,1 users per 100,000 population. In addition, there are 42,3 beds per 100 000 population available in mental hospitals.

The total number of human resources working in mental health facilities or private practice per 100,000 population is 27.5. The breakdown per 100,000 population according to profession is as follows: 3.4 psychiatrists; 0.8 other medical doctors (not specialized in psychiatry); 9.2 nurses; 0.3 psychologists, and 12 other health workers.

The quantity and quality of medical services rendered by primary public health organizations increases annually in Kyrgyz Republic, However, the provision of mental health care in primary health services is still weak.

All treatment facilities and organizations have a complex collection and analysis system for mental health data.

Taking into consideration that mental health services in the state are still underdeveloped, it is necessary to conduct further restructuring of this service in order to provide further integration of mental health into primary care, and to widen the crisis bed network at the community level. This will provide mental patients in the republic an access to qualitative primary medical aid.