

Georgia

General Information

Georgia is a country with an approximate area of 70 thousand sq. km. (UNO, 2001). Its population is 5.074 million, and the sex ratio (men per hundred women) is 91 (UNO, 2004). The proportion of population under the age of 15 years is 14% (UNO, 2004), and the proportion of population above the age of 60 years is 19% (WHO, 2004). The literacy rate is 100% for men and 98% 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 3.6%. The per capita total expenditure on health is 108 international \$, and the per capita government expenditure on health is 41 international \$ (WHO, 2004).

The main language(s) used in the country is (are) Georgian. The largest ethnic group(s) is (are) Georgian (seven-tenths), and the other ethnic group(s) are (is) Armenian and Russian. The largest religious group(s) is (are) Georgian Orthodox Christian (two-thirds), and the other religious group(s) are (is) Russian Orthodox Christian and Muslim.

The life expectancy at birth is 68.4 years for males and 75 years for females (WHO, 2004). The healthy life expectancy at birth is 62 years for males and 67 years for females (WHO, 2004).

Epidemiology

There is a paucity of epidemiological data on mental illnesses in Georgia in internationally accessible literature. Tchanturia et al (2002) held focus groups of various health professionals to establish how eating disorders present in Georgia and to identify groups perceived to be at high risk of having an eating disorder. They assessed 245 women from these identified high risk groups with translated versions of a number of standardized questionnaires (measuring eating and general psychopathology) and a sub-sample with a structured clinical interview. They estimated from the responses to the questionnaires that as many as 5% of the sample may have clinically significant bulimia nervosa, 7% fell in the weight range for anorexia nervosa with a further 7% in the weight range for obesity. Interviews with the high scoring group confirmed the presence of clinically significant eating pathology in the majority of those identified as possible cases. Georgia was one of the countries included in the study to assess changing patterns of suicide in different countries of erstwhile USSR during the period 1984-90 (Wasserman et al, 1998). There was wide variation in suicide rates across the countries with a decrease in rate after 1986. The suicide rates in the Caucasus (Georgia, Azerbaijan and Armenia) region was 3.5 cases per 100 000 inhabitants during 1984-1990 with the rates for men and women being 4.9 and 2.1 per 100 000 inhabitants, respectively. Chubarovskii and Loginova (1986) did a comparative clinico-epidemiological study to assess borderline mental disorders in adolescents living in Moscow and Batumi. Borderline disorders were correlated with maladaptive schooling. Cultural factors were found to affect the severity and direction of adolescent reactions.

Mental Health Resources

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1999.

The components of the policy are prevention, treatment and rehabilitation. Mental health is one of the priorities of Georgia's National Health Policy document of 1999. Various issues pertinent to mental health policy are discussed in other documents like the 1999 presidential decree 'Improving Psychiatric Services in Georgia'.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1996.

National Mental Health Programme

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

The Strategic Health Plan for 2000-2009 outlined specific measures for mental health care development. Georgia also has a national suicide prevention initiative. The implementation of the Strategic Plan was limited by the lack of resources.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1995.

Mental Health Legislation

The mental health legislation is known as Law on Mental Health Assistance. Enforcement of the law is impeded at times due to funding shortfalls. Georgia has elected to enforce participation in continuing medical education programmes on the part of physicians through law to help speed up the implementation process.

The latest legislation was enacted in 1995.

Mental Health Financing

There are budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary source of mental health financing is tax based.

Psychiatric services are jointly financed by the health insurance programme and central budget transfers. State funding is supposed to provide for the inpatient treatment of mentally ill offenders, acute psychotics, patients with posttraumatic stress disorders and those without a family, for the outpatient treatment of psychotic patients and those with chronic disorders prone to frequent exacerbations. In reality, state funding is limited and provides for a few cheap medicines from the essential drug list. Limited funding has impeded the provision of even the inpatient services, where shortage of food is also known to occur. Between 1991 and 1995 about 800 psychiatric patients died in mental hospitals due to lack of food, medication and/or care as a result of the civil war and the economic crisis. Even now the premature death rate of inpatients is as high as in other low income countries.

The country has disability benefits for persons with mental disorders.

Mental Health Facilities

Mental health is not a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Actual treatment is carried out in hospitals and outpatient clinics.

Regular training of primary care professionals is not carried out in the field of mental health. Primary care is mainly provided by specialists. An integrated model of family medicine is not operational.

There are no community care facilities for patients with mental disorders.

Psychiatric Beds and Professionals

Total psychiatric beds per 10 000 population	2.1
Psychiatric beds in mental hospitals per 10 000 population	2
Psychiatric beds in general hospitals per 10 000 population	0
Psychiatric beds in other settings per 10 000 population	0.1
Number of psychiatrists per 100 000 population	6
Number of neurosurgeons per 100 000 population	0.6
Number of psychiatric nurses per 100 000 population	24
Number of neurologists per 100 000 population	13
Number of psychologists per 100 000 population	
Number of social workers per 100 000 population	0

There are no institutions for training of social workers. Between 1990 and 1995, the bed strength was brought down from 5000 to about 1000 due to shortage of resources. However, even now most of the beds are housed in old asylums, often distant from families and homes. Some beds have been earmarked for drug addiction and forensic services. Staff remunerations are extremely poor (a psychiatrist's monthly salary is the equivalent of \$30-50 and a nurse's about \$17-20). About 15 child psychiatrists are available. Psychotherapists, occupational therapists and social workers are not officially recognized by the Government and are not registered. Every physician has to pass a CME course lasting 3-4 months every five years.

Non-Governmental Organizations

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention and rehabilitation. A few community-based services have been established by NGOs and donors from abroad. NGOs receive only occasional and very limited support from the Government. International humanitarian aid organizations provide some support through the supply of medicines (International Red Cross), food (World Food Programme) and other means (e.g. operational repairs by the Investment Fund of Georgia).

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. No epidemiological research has been carried out over the last 6 years due to lack of funds.

Programmes for Special Population

The country has specific programmes for mental health for refugees and children.

Therapeutic Drugs

The following therapeutic drugs are generally available at the primary health care level of the country: carbamazepine, amitriptyline, chlorpromazine, diazepam, fluphenazine, haloperidol, lithium, biperiden.

The medicines are distributed free of charge under the State Programme on Mental Health Assistance.

Additional Sources of Information

•Chubarovskii, V. V., Loginova, M. S. (1986) Clinico-epidemiologic characteristics of borderline mental disorders comparison of the Moscow and Batumi populations of students of specialized educational institutions. *Zhurnal Nevropatologii i Psikhatrii Imeni S - S - Korsakova*, 86, 1203-1208.

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•Tchanturia, K., Katzman, M., Troop, N. A., et al (2002) An exploration of eating disorders in a Georgian sample. *International Journal of Social Psychiatry*, 48, 220-230.

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