

Turkmenistan

General Information

Turkmenistan is a country with an approximate area of 488 thousand sq. km. (UNO, 2001). Its population is 4.94 million, and the sex ratio (men per hundred women) is 98 (UNO, 2004). The proportion of population under the age of 15 years is 33% (UNO, 2004), and the proportion of population above the age of 60 years is 6% (WHO, 2004). The literacy rate is 99.3% for men and 98.3% 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 4.1%. The per capita total expenditure on health is 245 international \$, and the per capita government expenditure on health is 180 international \$ (WHO, 2004).

The main language(s) used in the country is (are) Turkmen and Russian. The largest ethnic group(s) is (are) Turkmen, and the other ethnic group(s) are (is) Russian and Uzbek. The largest religious group(s) is (are) Muslim (nine-tenths).

The life expectancy at birth is 58.8 years for males and 66.9 years for females (WHO, 2004). The healthy life expectancy at birth is 52 years for males and 57 years for females (WHO, 2004).

Epidemiology

There is a paucity of epidemiological data on mental illnesses in Turkmenistan in internationally accessible literature. Suicide rates in the former USSR during 1984-1990 varied greatly between different regions. It was reported to be 11.8 in Central Asia (Kazakhstan, Kirgizia, Turkmenistan, Uzbekistan and Tajikistan) (Wasserman et al, 1998). Solov'eva et al (1997) compared emotional disturbances in patients suffering from gastrointestinal problems in cities in Russia and Turkmenistan. Psychological factors were common to all patients. Psychological factors were more prominent in children in Russia compared to children in Turkmenistan. Association of stress with peptic ulcers was stronger compared to other diseases. Similar association was noted for depression and chronic gastritis.

Mental Health Resources

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1995.

The components of the policy are promotion, prevention, treatment and rehabilitation. The thrusts of the policy are on education, early detection and with timely assistance and treatment by family practitioners and specialists. In 1996, the president signed a decree 'Salt iodization and fortification of flour with iron', to prevent iodine deficiency diseases, that can lead to mental retardation of children and to improve mental capacity of adults. In 2001, the President adopted the 'National Plan on Fighting Illegal Trafficking of Narcotics and Medical Assistance to Substance users for 2001-2005'.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1996. In 2000, the Ministry of Health adopted the 'Improvement of Narcological Services' for prevention of substance abuse and treatment and rehabilitation of substance abusers.

National Mental Health Programme

A national mental health programme is absent.

In 1997, the Ministry of Health adopted a programme 'Improvement of Psychiatric Assistance' on prevention of inappropriate imprisonment of the mentally ill and facilitation of their referral and transfer to specialized treatment centres. A national programme entitled 'Free Electricity, Gas, Water, and Salt Until 2020' was launched in 2003. The quantity of iodized salt provided free of charge is 4000 units per person per month.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1997.

The Ministry of Health has adopted a law on the sale of psychiatric drugs.

Mental Health Legislation

There is a Law of Turkmenistan on Psychiatric Assistance. It is based on internal laws on human rights of persons with mental disorders. It stipulates that mentally ill people have the right to Government and social support in the form of free medical treatment, allowances for medication and pension funds. In 2004, the law 'On narcotics, psychotropic substances and illegal drug trafficking' was adopted.

The latest legislation was enacted in 1993.

Mental Health Financing

There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

Details about sources of financing are not available.

The country has disability benefits for persons with mental disorders. Disabled people receive a pension.

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. At primary level, family practitioners work with psychiatrists in providing emergency services to persons with mental disorders and in deciding whether hospitalization is needed. Specialized treatment is provided by psychiatrists in inpatient and outpatient setting.

Regular training of primary care professionals is carried out in the field of mental health. There are courses on psychiatry and narcology for family practitioners.

Details about community care facilities in mental health are not available.

Psychiatric Beds and Professionals

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| Total psychiatric beds per 10 000 population | 3.5 |
| Psychiatric beds in mental hospitals per 10 000 population | 3.2 |
| Psychiatric beds in general hospitals per 10 000 population | 0.3 |
| Psychiatric beds in other settings per 10 000 population | |
| Number of psychiatrists per 100 000 population | 3 |
| Number of neurosurgeons per 100 000 population | 0.5 |
| Number of psychiatric nurses per 100 000 population | |
| Number of neurologists per 100 000 population | 4.2 |
| Number of psychologists per 100 000 population | |
| Number of social workers per 100 000 population | |

Continuing medical education of psychiatrists and narcologists is encouraged.

Non-Governmental Organizations

NGOs are involved with mental health in the country. They are mainly involved in advocacy and prevention.

Information Gathering System

There is mental health reporting system in the country.

The country has data collection system or epidemiological study on mental health.

Quarterly and annual reports are discussed in meetings of Ministerial Boards and medical industry. There are operational reports on psychiatry and narcology.

Programmes for Special Population

There are no specific programmes.

Therapeutic Drugs

The following therapeutic drugs are generally available at the primary health care level of the country: carbamazepine, phenobarbital, phenytoin sodium, amitriptyline, diazepam, haloperidol, levodopa.

Other drugs like cyclodol and aminazine are included in the essential list of psychotropics.

Additional Sources of Information

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•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.