

# Mental health services in the former Soviet Union: decline and despondency

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Since the collapse of the Soviet Union in 1990/91, there have been major changes in the political landscape of the former Soviet states. These have been mirrored in less publicised reforms of the way in which healthcare has been delivered. Here we focus on the way in which psychiatric services have developed in Ukraine and Moldova.

Igor Martsenkovsky and colleagues discuss the state of Ukrainian health services since the final years of the USSR, when, they report, there was increasing corruption and a deterioration in funding. Investment in health services since then has, they argue, been inadequate. Certainly, the current government is not functioning as well as it should, in part because of tensions between the pro-Western Yulia Tymoshenko, the prime minister, and Viktor Yushchenko, the president. There is high inflation, and Ukraine is dependent upon Russia for oil and gas, which has made its rulers nervous of becoming too closely allied to the West. Readers will recall that it was in Ukraine, in 1986, that a reactor at the Chernobyl nuclear power plant exploded, with devastating health consequences for the people of that country.

The authors report a recent move to reform healthcare in Ukraine, and to build an extended primary care network. This is going to mean, according to the report published here, that primary healthcare practitioners will be given greater responsibility to assess and treat mental illness, although it is not clear who is going to train them to do so. There may be, as a consequence, a reining back of the extensive secondary care provisions which had been built up within the Soviet system.

A similar theme, but with a different emphasis, is explored in the article by Andriy Samokhvalov and colleagues on the subject of alcohol misuse in Ukraine. Consumption of alcohol is much higher than in many other European countries, and among the top 5% of all countries globally. Heavy drinking starts young, in early adolescence, and virtually nobody is teetotal. The historical background to this situation, over the past 40 years, is fascinating. There appears to have been a national loss of confidence, demoralisation, and sense of helplessness that continue to this day. We learn that one of the most effective campaigns to counter alcohol misuse was introduced by Mikhail Gorbachev, in the mid-1980s, but after 10 years its unpopularity had led to its abandonment.

The third article concerns mental healthcare reform in Moldova, which became independent in 1991 upon dissolution of the Soviet Union. Moldova is a small, poor country, where the healthcare system has deteriorated since 1991 because of social and economic problems. It is tucked under the southern border of Ukraine, and has many of the same aspirations. It also neighbours Romania, and would like to be part of the European Union. In Moldova, like Ukraine, there are serious problems with alcohol misuse. The article contains detailed information about the parlous state of services, which was gathered by the authors during an official visit to mental healthcare institutions 2 years ago. Sadly, the low salaries paid to psychiatrists (even by Moldovan, let alone international, standards) mean that barely any doctors train to enter our profession.

## THEMATIC PAPERS – SERVICES IN THE FORMER SOVIET UNION

# Delivering psychiatric services in primary care: is this the right way to go for Ukraine?

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Ukraine is a newly independent state with a population of about 48 million. It inherited its national health system from the USSR. The Soviet system was conceived as part of a massively expensive socialist planning economy

that was generally delivering poor value for money. Some aspects of the Soviet health system were, however, undoubtedly sound and certain public health measures were superior to those in the West. For example, infant mortality,