

WHO-AIMS

**WHO-AIMS REPORT ON
MENTAL HEALTH SYSTEM
IN UZBEKISTAN**



**World Health
Organization**



**MINISTRY OF HEALTH
THE REPUBLIC OF UZBEKISTAN**

WHO-AIMS REPORT ON MENTAL HEALTH SYSTEM IN UZBEKISTAN

*A report of the assessment of the mental health system in Uzbekistan using
the World Health Organization - Assessment Instrument for
Mental Health Systems (WHO-AIMS).*

Uzbekistan

2007



**World Health
Organization**



**MINISTRY OF HEALTH
THE REPUBLIC OF UZBEKISTAN**

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

This publication has been produced by the WHO, Country Office in Uzbekistan in collaboration with WHO, Regional Office for Europe and WHO, Headquarters. At WHO Headquarters this work has been supported by the Evidence and Research Team of the Department of Mental Health and Substance Abuse, Cluster of Noncommunicable Diseases and Mental Health.

For further information and feedback, please contact:

- 1) Grigoriy Kharabara, Head of organizational-methodic Department on Mental Health, Ministry of Health, Uzbekistan, e-mail: kharabara_g@mail.ru*
- 2) Nargiza Khodjaeva, National Professional Officer, Mental Health, WHO, Country Office in Uzbekistan, e-mail: nkh@who.uz*
- 3) Shekhar Saxena, WHO Headquarters, e-mail: saxenas@who.int*

(ISBN)

World Health Organization 2007

(Suggested citation: WHO-AIMS Report on Mental Health System in Uzbekistan, WHO and Ministry of Health, Tashkent, Uzbekistan, 2007)

(Copyright text as per rules of the Country Office)

Acknowledgement

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information on the mental health system of Uzbekistan.

The project in Uzbekistan was implemented by Grigoriy Kharabara, Head of organizational-methodic Department on Mental Health of the Ministry of Health of Uzbekistan and Nargiza Khodjaeva, National Professional Officer, Mental Health, WHO, Country Office in Uzbekistan.

The project was supported by Abdukhakim Muminovich Khadjibaev, the First Deputy Minister of Health of Uzbekistan

The project was also supported by Michel Louis Marie Tailhades, WHO Country Office in Uzbekistan and by Matthijs Muijen, WHO Regional Office for Europe.

The World Health Organization Assessment Instrument for Mental health Systems (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 of WHO.

Please refer to WHO-AIMS (WHO, 2005) for full information on the development of WHO-AIMS at the following website.

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

The project received financial assistance and/or seconded personnel from: The National Institute of Mental Health (NIMH) (under the National Institutes of Health) and the Center for Mental Health Services (under the Substance Abuse and Mental Health Services Administration [SAMHSA]) of the United States; The Health Authority of Regione Lombardia, Italy; The Ministry of Public Health of Belgium and The Institute of Neurosciences Mental Health and Addiction, Canadian Institutes of Health Research.

The WHO-AIMS team at WHO Headquarters includes: Benedetto Saraceno, Shekhar Saxena, Tom Barrett, Antonio Lora, Mark van Ommeren, Jodi Morris and Grazia Motturi. Additional assistance has been provided by Amy Daniels, Alexandra Isaksson, and Danielle Barnett.

The WHO-AIMS project is coordinated by Shekhar Saxena.

Executive Summary

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information on the mental health system in Uzbekistan. The goal of collecting this information is to improve the mental health system and to provide a baseline for monitoring the change. This will enable Uzbekistan to develop information-based mental health plans with clear base-line information and targets. It will also be useful to monitor progress in implementing reform policies, providing community services, and involving users, families and other stakeholders in mental health promotion, prevention, care and rehabilitation.

A mental health policy and plan, as well as mental health legislation exist in Uzbekistan. Three percent of health care expenditures by the government health department are directed towards mental health. The majority of all mental health expenditures (89%) are directed towards mental hospitals. All patients with mental disorders have free access (or at least 80% covered) to essential psychotropic medicines. Additional mental health patient benefits include free nursing care and treatment in psychiatric hospitals as well as free provision of special drugs for outpatients.

National-level or regional-level review bodies on human rights exist. The work of the public psychiatric advisory council at the Ministry of Health is also focussed on the protection of rights of patients. Their monthly meetings are devoted to reviewing of the cases of psychiatric patients. All inpatient and outpatient psychiatric facilities had at least one inspection of human rights protection of patients in the year of assessment.

The Department of Mental Health in the Ministry of Health is responsible for Mental Health service in Uzbekistan. There is a chief psychiatrist, a chief child-psychiatrist, a chief forensic-psychiatrists and a suicide specialist at the Ministry of health. In addition, every region of Uzbekistan has a chief psychiatrist responsible for the mental health services in each region. Psychiatric care in Uzbekistan is only in the public sector.

There are 282 outpatient mental health facilities in Uzbekistan, among which 35% are for children and adolescents only. These facilities treat 1,474 users per 100,000 populations. In addition, there are 16 day treatment facilities with a total of 732 beds and 30.2 users per 100,000 population. There are 15 community-based units with a total of 1.6 beds per 100,000 population.

There are 16 mental hospitals with a total of 29.2 beds per 100,000 population. All of these facilities are organizationally integrated with mental health outpatient facilities. The majority of patients admitted are diagnosed with schizophrenia. Over the last five years, the number of beds has decreased by 41%.

There are 890 beds for people with mental disorders in forensic inpatient units. The majority of beds are located in mental hospitals. In addition, there are 6,500 beds in 20 other residential facilities under the Ministry of Social Welfare such as homes for people with mental retardation and invalids.

There are 2,834 Primary rural medical facilities in Uzbekistan. General practitioners can provide emergency care to the patients with mental disorders and refer them to psychiatrists. Assessment and treatment protocols for key mental health conditions in non-physician-based primary health care are not available.

Two percent medical doctor training is devoted to mental health, in comparison to 4% for nurses. In terms of refresher training, 12% of primary health care doctors have received at least two days of refresher training in mental health, and 20% of primary health care nurses have received such training.

There are a total of 40 non-commercial and non-governmental organizations that worked in the areas of provision of aid to disabled people and vulnerable groups in 2005. Government ministries, NGOs, professional associations, foundations and international agencies all have promoted public education and awareness campaigns. Regarding mental health activities in the criminal justice system, the Republic multi-field hospital for prisoners in Tashkent city has 100 beds for prisoners with mental disorders. The proportion of prisoners with psychosis is greater than 15%.

There is a comprehensive system of collecting and analyzing mental health information among all health facilities in Uzbekistan. In the past five years, there were 234 publications on health in Uzbekistan, which was identified on PubMed, among which 16 (6.8 %) were on mental health.

WHO-AIMS COUNTRY REPORT FOR UZBEKISTAN

Introduction

Uzbekistan is a Central Asian country with an approximate geographical area of 447,000 square kilometers and a population of 26.17 million. The proportion of the population under 15 years is 34%. Sixty-four percent of the population is rural.

The main languages spoken in the country are Uzbek, Russian and Tajik. The largest ethnic group is Uzbek, and the largest religious group is Muslim.

The country is a low income group country based on World Bank 2004 criteria. The proportion of health budget to GDP is 3,1% (Human Development Report, UNDP, 2006). The per capita total expenditure on health is 91 international \$, and the per capita government expenditure on health is 68 international \$ (WHO, 2004). The life expectancy at birth is 70,3 years for males and 74.7 years for females (Human Development Report, UNDP, 2006). The literacy rate is 94% for men and 91.5% for women (Mental Health Atlas, WHO, 2005).

There are 31 hospital beds and 3.5 physicians per 100,000 population in Uzbekistan. There are 18 psycho-neurological dispensaries that provide outpatient psychiatric services. There are 249 ambulatory-polyclinic institutions with psycho-neurological departments. Psychotherapeutic departments are integrated in 13 polyclinic institutions; two of the psychotherapeutic departments were opened in 2004.

There are 16 psychiatric hospitals (including two Regional Mental health Centres with hospitals in Andijan and Samarkand) in Uzbekistan. Psychiatric care in Uzbekistan is only in the public sector.

Data was collected in 2006 and is based on the year 2005.

Domain 1: Policy and Legislative Framework

Policy, plans, and legislation

Mental health was declared a public health priority area in Uzbekistan by a presidential decree in November, 1998 (No. UP-2107). The Cabinet of Ministers of Uzbekistan has adopted a number of resolutions, defining inter-sector and inter-departmental efforts on protection of health of the population. Benefits for people with mental disorders were defined by the Decree of the Cabinet of Ministers of Uzbekistan in March 1997. In addition, an inter-departmental program of activities on the improvement of the mental health protection system was approved. It outlines a number of “measures to improve psychiatric care for the population”, which include steps for improving the conditions of psychiatric facilities, enhancing the supply of medication, providing social protection of mentally ill patients etc. Finally, the Decree calls for an “improvement of the system for financing preventing and curative services” and ensures that drugs to psychiatric patients are provided free-of-charge under outpatient treatment and under inpatient care and that meals are provided free of charge.

In August 2000 the Uzbek parliament, or Oliy Majlis adopted a law “on psychiatric care for the population” that was aimed at protecting the legal rights and interests of mental patients. In 2000, a supplement Chapter, entitled “Involuntary Hospitalization in Psychiatric Establishments” was added to the Code of civil procedure of Uzbekistan. The last conference of the Ministry of Health on mental health law was held on July 6, 2006.

Mental health services again were declared to be a priority in a recent decision by parliament dated August 18, 2004 entitled “Application of mental health law”. A very important step in strengthening mental health law is the development and subsequent publication of the “Methodological recommendations for medical staff on application of legislation for psychiatric care”. This document was written by the members of the Legislative chamber of Oliy Majlis, with technical and financial assistance from the European regional office of the WHO.

Today, in order to ensure that the new legislation conforms with any law relative to psychiatric care, supplementations and amendments must also be prepared. This work has been the result of the cooperation of the Ministry of Health of Uzbekistan and the World Health Organization, under the Biennial Collaborative Agreement for 2006-2007.

Every year, the Uzbek Ministry of Health holds a conference to assess psychiatric services, to discuss problems and to develop new mental health plans. The meeting is chaired by the first deputy minister with participation of regional heads of health care and psychiatric services.

In an effort to improve the provision of information to specialists of psychiatry, the Scientific Council of the Ministry of Health has approved a “collection of standard and legal acts, regulating activity of psychiatric service” as well as a manual on mental and behavioural disorders. These two documents have been distributed to psychiatrists throughout Uzbekistan with the support of WHO European regional office.

A working group, created by the Ministry of Health of Uzbekistan, is developing a National Mental Health Action Plan in accordance with the Helsinki Declaration and

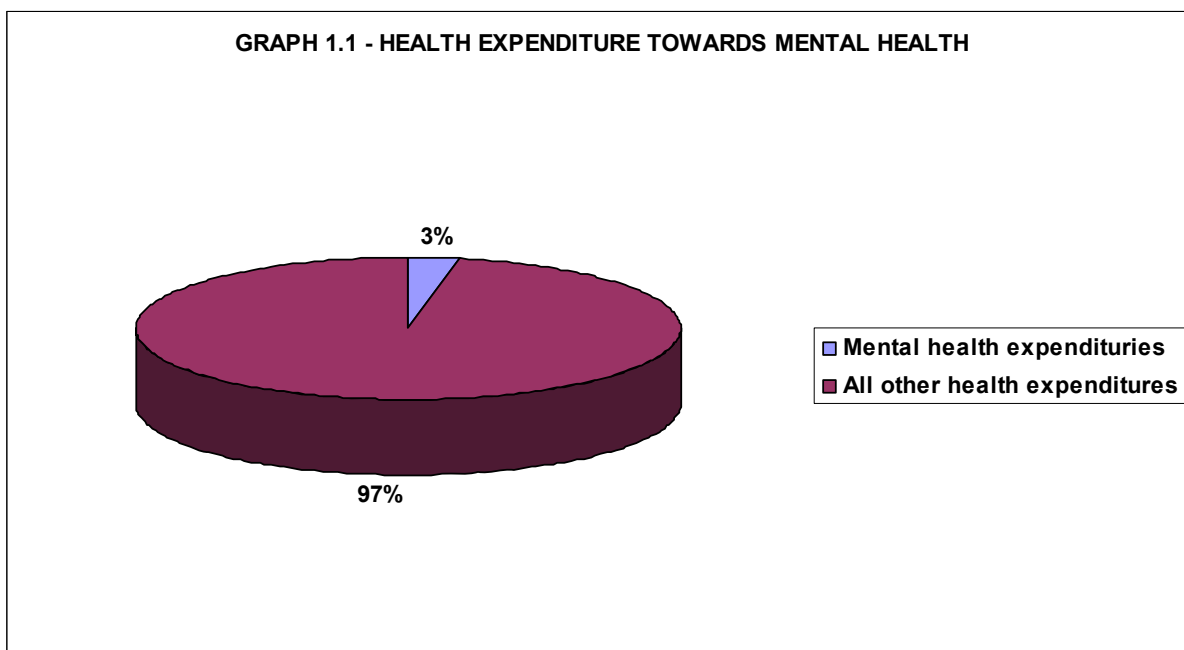
Mental Health Action Plan for Europe (the mental health program for 2007-2011 has already been developed).

Financing of mental health services

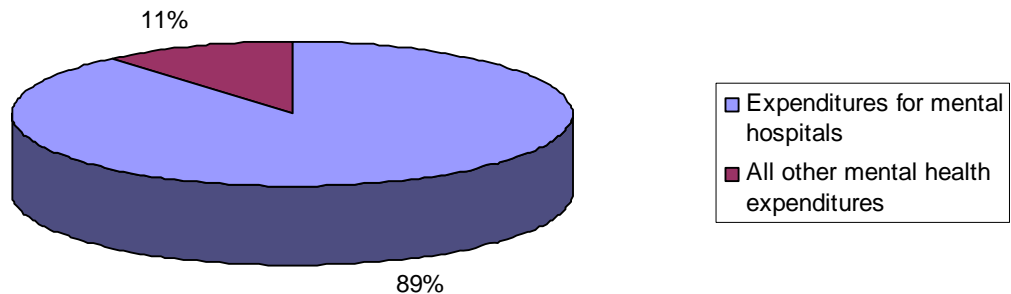
Three percent of health care expenditures by the government health department are directed towards mental health. Of all mental health expenditures, 89% are directed towards mental hospitals. All patients (126,882 patients at present) with mental disorders have free access (at least 80%) to essential psychotropic medicines. Funding of psychiatric services has been gradually increasing and questions or shortages in food and drug procurement have been addressed by the government. Persons suffering from mental disorders are entitled to benefits such as free nursing care and treatment in psychiatric hospitals as well as free provision of special drugs for outpatients. The cost of antipsychotic medication is 28% of the minimum daily wage, whereas antidepressant medication is 10% of the minimum daily wage. Uzbekistan has disability benefits for persons with mental disorders.

During the first years of independence with a view of achieving deinstitutionalization of psychiatric service, the number of mental patient-beds was reduced by over 5,000 beds. The funds gained through deinstitutionalization were supposed to follow the patient and be transferred from the hospital to out-patient mental health facilities, including facilities at the primary care level. Unfortunately, a majority of these funds were transferred from mental health system to other fields of healthcare.

GRAPH 1.1 HEALTH EXPENDITURE TOWARDS MENTAL HEALTH



GRAPH 1.2 - MENTAL HEALTH EXPENDITURE TOWARDS MENTAL HOSPITALS



Human rights policies

All inpatient and outpatient psychiatric facilities had at least one inspection of human rights protection of patients in the year of assessment. National-level or regional-level review bodies exist that have the authority to oversee regular inspections in mental health facilities, review involuntary admission and discharge procedures, and review complaints investigation processes.

The work of the Public Advisory Expert Council on Psychiatry at the Ministry of Health is also aimed at the protection of patients' rights. The council's monthly meetings are devoted to review the following: personal property of patients, requests by patients to be removed from or added to the register, and disputes regarding diagnoses.

Domain 2: Mental Health Services

Organization of mental health services

The Department of Mental Health in the Ministry of Health is responsible for Mental Health service in Uzbekistan. There is a chief psychiatrist, chief child-psychiatrist, chief forensic-psychiatrist and a chief suicidologist in the Ministry of Health. Every region of Uzbekistan has a chief psychiatrist responsible for mental health services in that region.

In addition, there is a “Organizational-methodic department on mental health” in every regional psychiatric hospital in Uzbekistan. Annual reports of all psychiatric institutions of Uzbekistan are presented to the national methodological-organizational psychiatric department of Ministry of Health.

Mental health outpatient facilities

There are 282 mental health outpatient facilities in Uzbekistan; 18 of which are psycho-neurological dispensaries that provide outpatient psychiatric services. Thirty-five (35%) of these facilities are for children and adolescents only. In outpatient facilities, 1,474 users per 100,000 population are treated. 43% of all users treated are female; 26 percent are children or adolescents.

The diagnostic breakdown of users in outpatient facilities is as follows: schizophrenia and related disorders (16%), mood disorders (2%) and neurotic disorders (7%). mental retardation (39%), organic mental disorders (26%), and epilepsy (8%) Patient diagnosis is based upon a formal clinical assessment. The low rate of mood disorders seen in mental health outpatient facilities 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 10.21. All outpatient facilities provide follow-up care in the community, while only 4% have mental health mobile teams.

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

Day treatment facilities

Day treatment facilities for persons with mental disorders were first established in 1941. At that time and still today, day treatment facilities were considered a progressive form of organization of psychiatric services. In Uzbekistan, day treatment facilities act as an intermediate between out-patient and inpatient care and are intended for provision of help to persons with psychiatric disorders who need curative-diagnostic help during daytime approximately equal by its volume and intensity to stationary treatment. Daily hospitals provide opportunities for occupational therapy and rehabilitation of patients.

More recently, public health officials, failing to recognize the medical and social importance of day treatment facilities for persons with mental disorders, have initiated the closing of a number of these facilities. Therefore, in the last ten years, the number of beds in day hospitals for patients with mental disorders was reduced by a factor of 1.7.

Today, there are 16 day treatment facilities, one in every region (excluding Andijan, Navoi and Syrdarya regions), with a total of 732 beds. These facilities treat 30.2 users per 100,000 population. Of all users treated in day treatment facilities 5% are children or adolescents. There is only one day treatment facility for children and adolescents only. On average, users spend 23.2 days per year in day treatment facilities.

Community-based psychiatric inpatient units

There are 15 community-based psychiatric inpatient units in the country with a total of 1.6 beds per 100,000 populations. 20% of the beds in community-based inpatient units are reserved for children and adolescents only. Fifty-five percent of admissions to community-based psychiatric inpatient units are female and 8% of admissions are children/adolescents. The diagnoses of admissions to community-based psychiatric inpatient units are primarily from the following diagnostic groups: schizophrenia and related disorders (11%), neurotic disorders (27 %) and others (61%). On average

patients spend 25.28 days per discharge. All or almost all (81 - 100%) patients in community-based psychiatric inpatient units received one or more psychosocial interventions in the last year.

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

Community residential facilities

There are no community residential facilities in the country.

Mental hospitals

There are 16 mental hospitals in the country with a total of 29.2 beds per 100,000 population. During the first years of independence with a view of achieving deinstitutionalization of psychiatric service, the number of mental patient-beds was reduced by over 5,000 beds. All of these facilities are organizationally integrated with mental health outpatient facilities. Nine percent of these beds in mental hospitals are reserved for children and adolescents only. The majority of patients admitted to mental hospitals fall into the following diagnostic groups: schizophrenia and related disorders (48%) and other disorders, e.g., epilepsy, organic mental disorders, mental retardation, behavioural and emotional disorder with onset usually occurring in childhood and adolescence, disorders of psychological development (42%) . 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 perceived to be less stigmatizing.

The average number of days spent in mental hospitals is 42.07. Ninety three percent of patients spend less than one year, 6% of patients spend 1-4 years and 1% of patients spend 5-10 years in mental hospitals.

All mental hospitals have at least one psychotropic medicine of each therapeutic class (anti-psychotic, antidepressant, mood stabilizer, anxiolytic, and antiepileptic medicines) available in the facility. The majority (51-80%) of patients in mental hospitals received one or more psychosocial interventions in the last year. The number of beds has decreased by 41% in the last five years.

Forensic and other residential facilities

There are 890 beds for people with mental disorders in forensic inpatient units. A majority of beds are located in mental hospitals. In these facilities 44% of patients spend less than one year, 47% of patients spend 1-4 years, and 9% of patients spend 5-10 years.

Also, there are 6,500 beds in 20 residential facilities for people with mental retardation and 1,650 beds in 5 residential facilities for youth aged 17 and younger with mental retardation. These facilities are administered under the Ministry of Social Welfare.

Human rights and equity

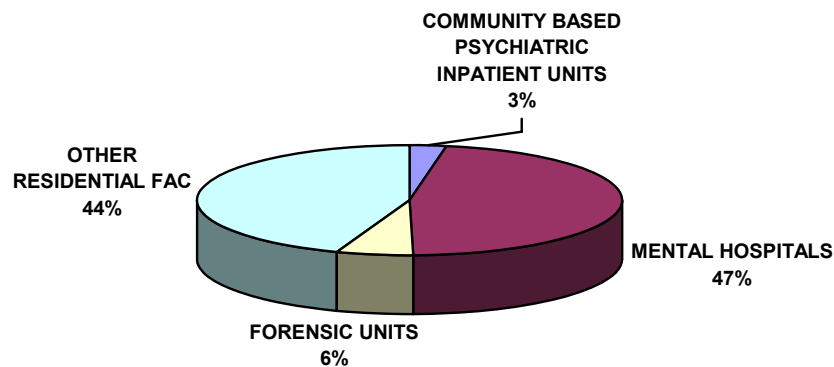
Only 0.004% of all admissions to mental hospitals are involuntary according to official data. The proportion of involuntary admissions to community-based inpatient psychiatric units is unknown. One percent or less of patients were restrained or secluded

at least once within the last year in community-based psychiatric inpatient units, in comparison to an estimated 2-5% of patients in mental hospitals.

27% of psychiatry beds in the country are located in or near the largest city. There is one mental hospital in each of the 14 regions of the country, and two Regional Mental Health Centres (in Andijan and Samarkand).

There is no inequity in access to mental health services for other minority users (e.g., linguistic, ethnic, religious minorities) in the country.

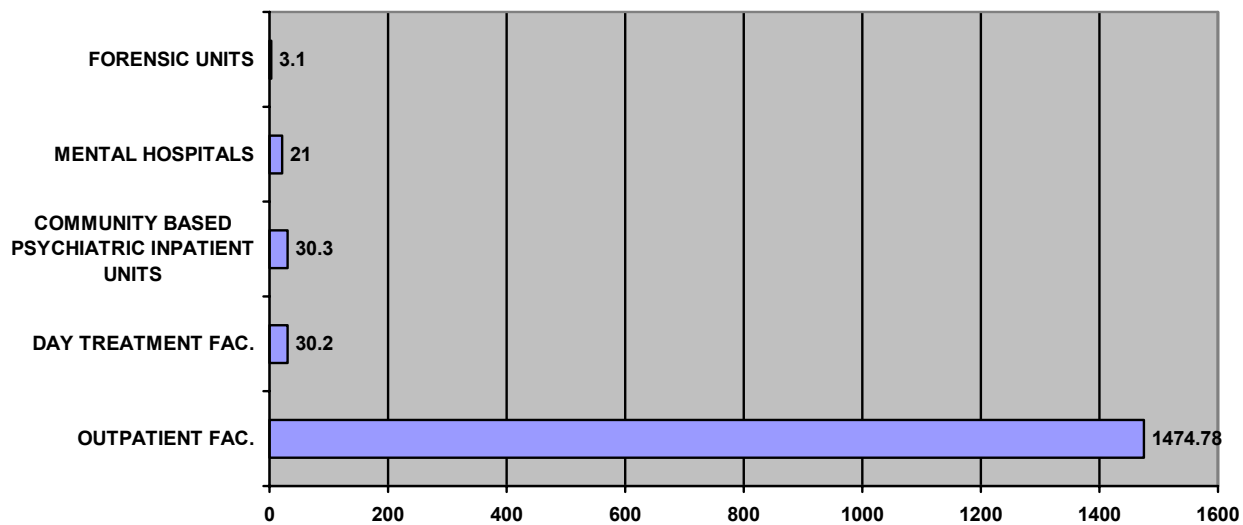
GRAPH 2.1 - BEDS IN MENTAL HEALTH FACILITIES AND OTHER RESIDENTIAL FACILITIES



Summary for Graph 2.1

The majority of beds in the country are in mental hospitals, followed by other residential facilities (mainly outside the mental health system, under the Ministry of social welfare).

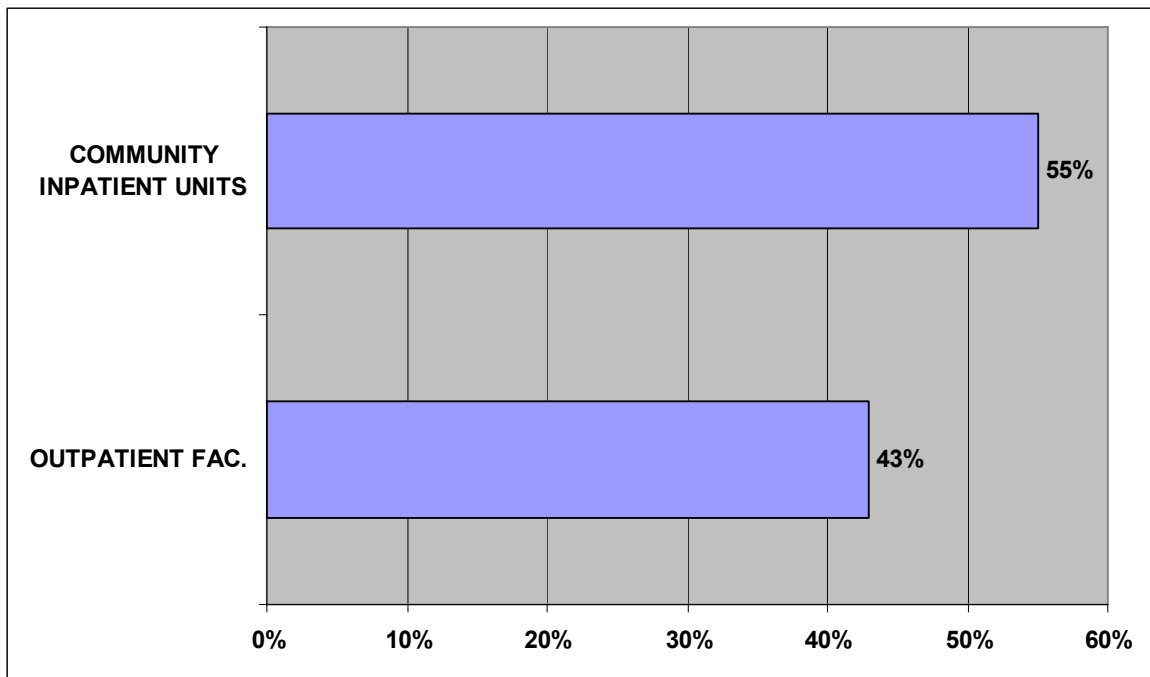
GRAPH 2.2 - PATIENTS TREATED IN MENTAL HEALTH FACILITIES
RATE PER 100,000 POPULATION



Summary for Graph 2.2

The majority of the users are treated in outpatient facilities, while the rates of users treated in mental hospitals, inpatient units, day treatment facilities and residential facilities are significantly lower.

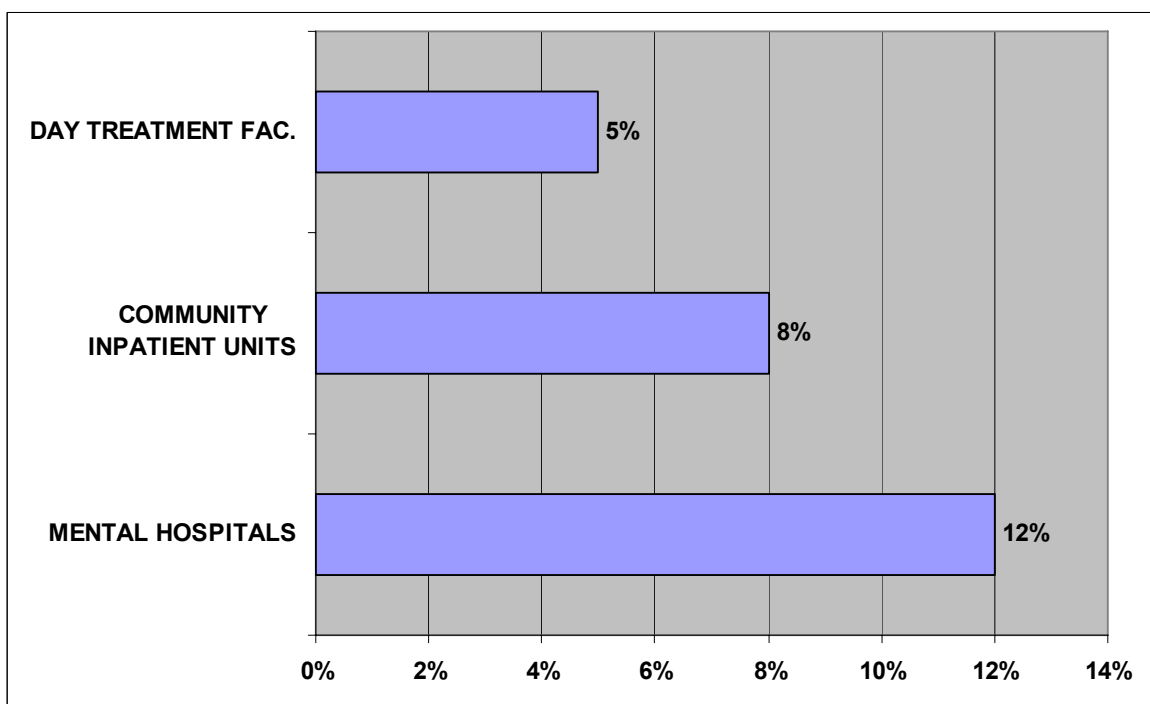
GRAPH 2.3 - PERCENTAGES OF FEMALE USERS TREATED IN MENTAL HEALTH FACILITIES



Summary for Graph 2.3

Female users make up over 55% of patients in community inpatient units and less than 45% in outpatient facilities. Based on data from the two biggest mental hospitals in Tashkent, it is estimated that about 30% of patients in mental hospitals are female. There is no data available on the gender distribution in day treatment facilities.

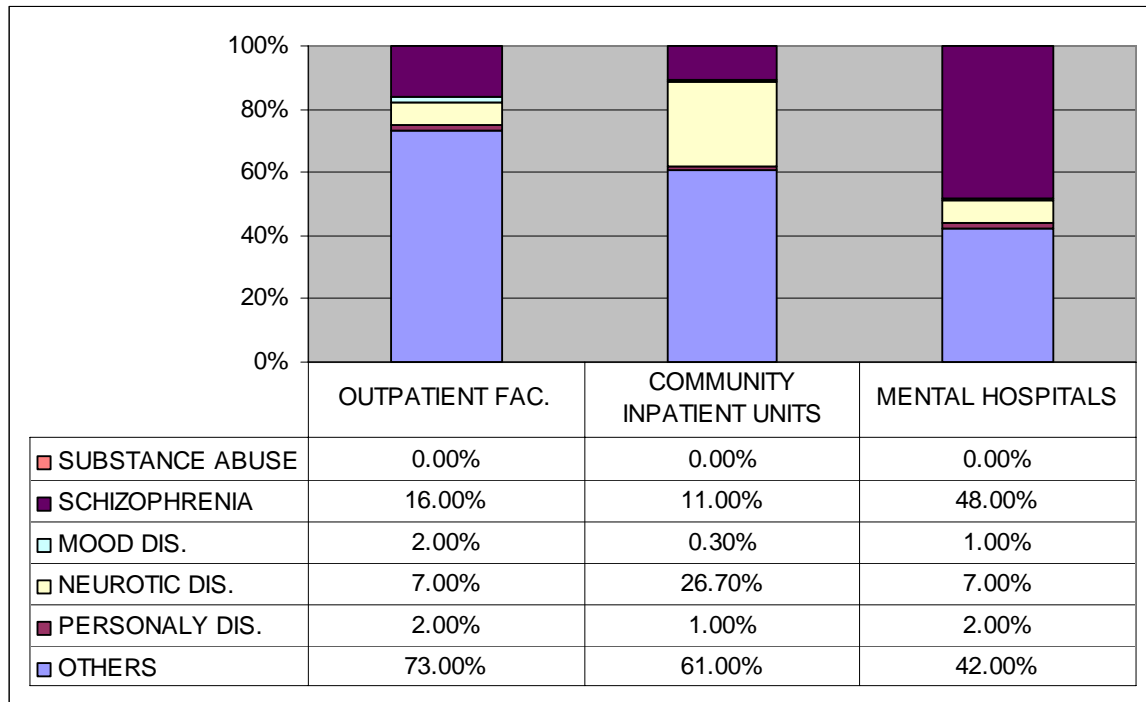
GRAPH 2.4 - PERCENTAGES OF CHILDREN AND ADOLESCENTS TREATED IN MENTAL HEALTH FACILITIES



Summary for Graph 2.4

The proportion of children and adolescents treated is highest in mental hospitals (12%) and lowest in day treatment facilities (5%).

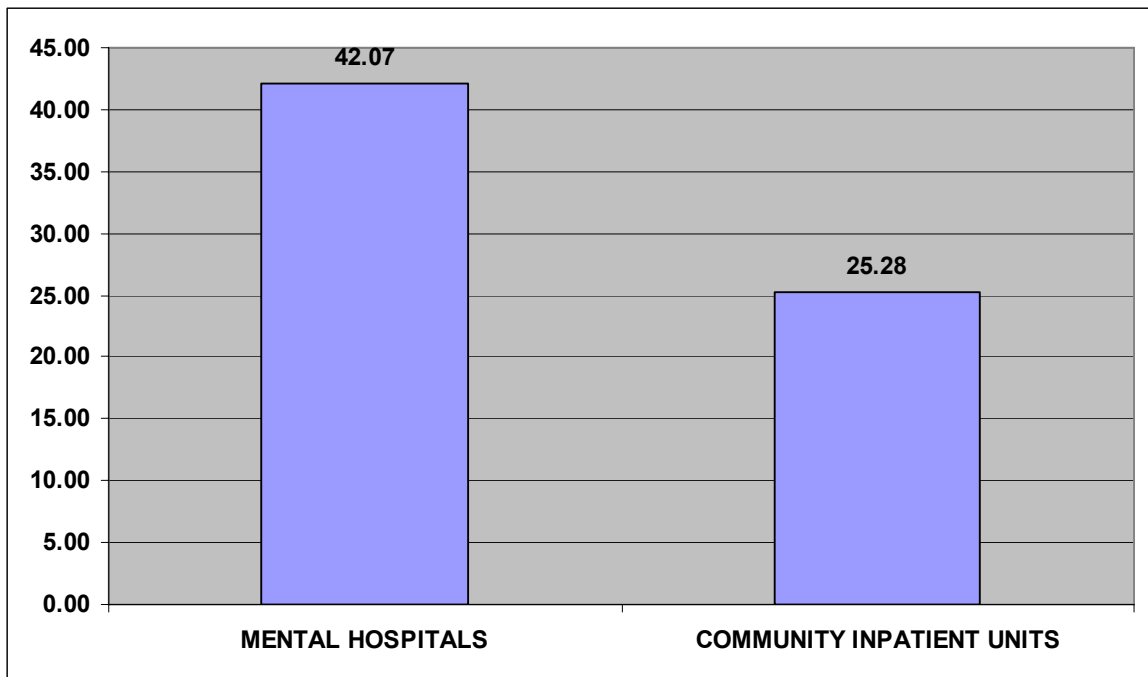
GRAPH 2.5 PATIENTS TREATED IN MENTAL HEALTH FACILITIES BY DIAGNOSIS



Summary for Graph 2.5.

The distribution of diagnoses varies across facilities: in mental hospitals schizophrenia is the most common diagnosis. Neurotic disorders are prevalent in community inpatient units. In outpatient facilities and community inpatient units other disorders (e.g., epilepsy, organic mental disorders, and mental retardation) are the most common diagnosis.

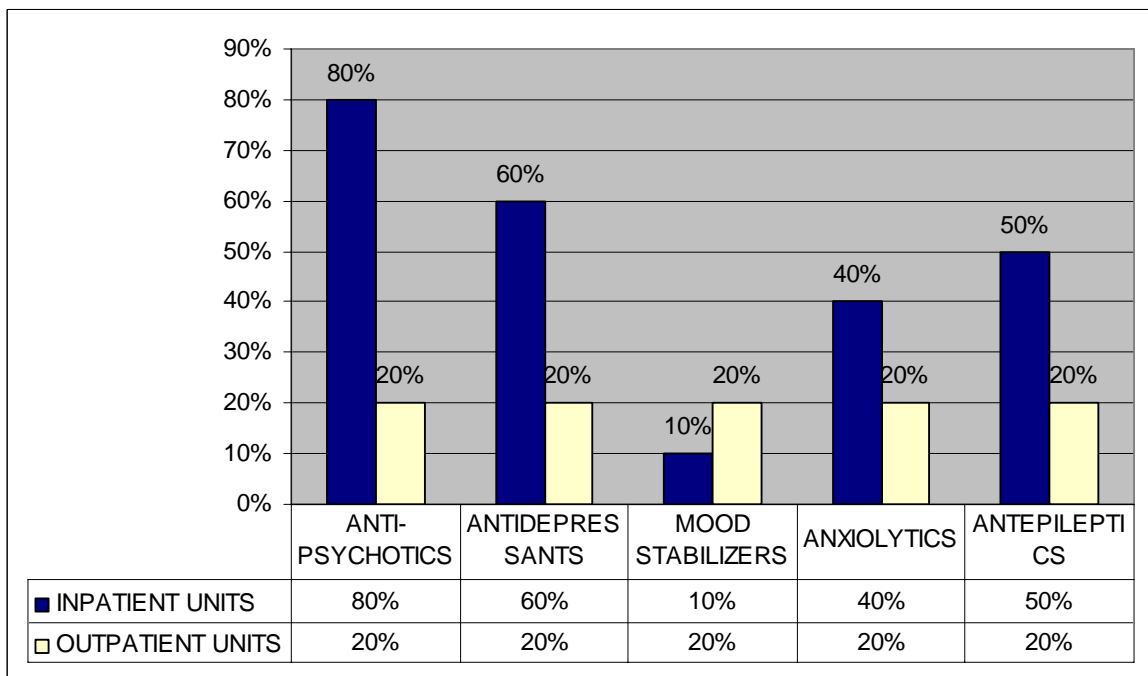
GRAPH 2.6 - LENGTH OF STAY IN INPATIENT FACILITIES (days per year)



Summary for Graph 2.6

The longest length of stay for users is in mental hospitals.

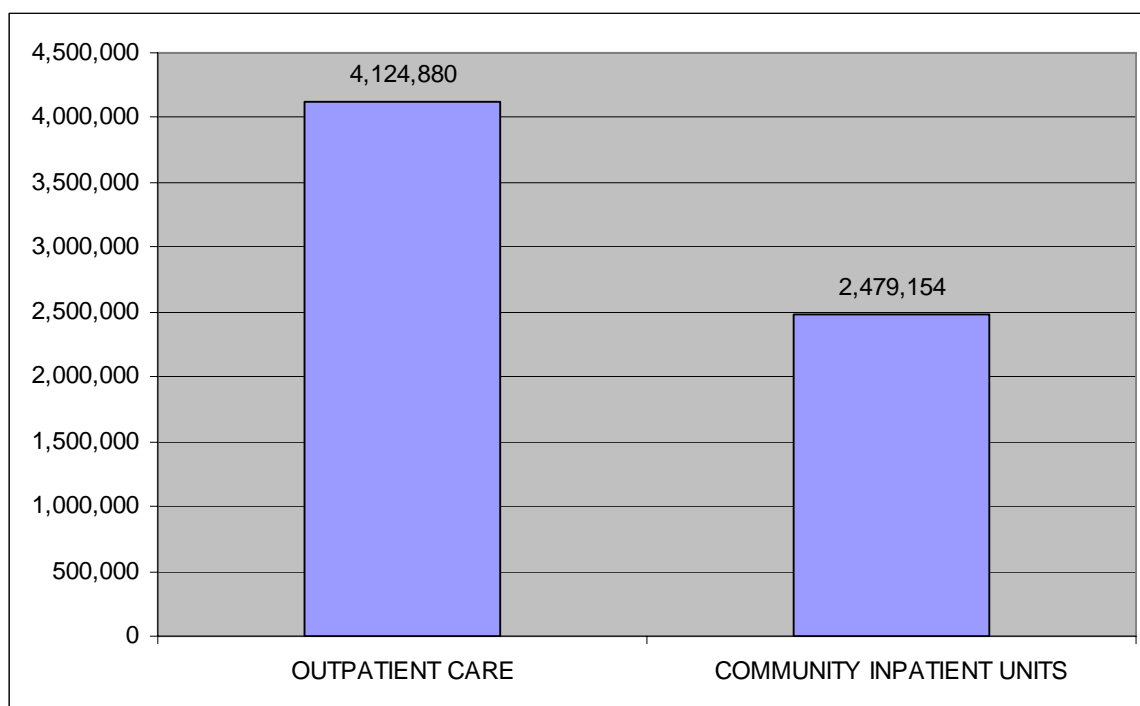
GRAPH 2.7 - AVAILABILITY (COVERAGE OF NEEDS) OF PSYCOTROPIC DRUGS IN MENTAL HEALTH FACILITIES



Summary for Graph 2.7

Psychotropic drugs are available in all types of facilities to a varying degree. The coverage of needs is greatest in the inpatient facilities.

GRAPH 2.8 INPATIENT CARE VERSUS OUTPATIENT CARE



Summary for Graph 2.81

The ratio between outpatient/day care contacts and days spent in all the inpatient facilities (mental hospitals and community based inpatient units) is an indicator of extent of outpatient/day care: in this country the ratio is 1.66 to1.

Domain 3: Mental Health in Primary Health Care

Training in mental health care for primary care staff

Two percent of the training for medical doctors is devoted to mental health, in comparison to 4% for nurses. In terms of refresher training, 12% of primary health care doctors have received at least two days of refresher training in mental health, and 20% of primary health care nurses have received such training.

Mental health in primary health care

Non-physician based primary health care exists primarily in the Uzbek countryside referred to as "Primary feldsher-obstetrician facilities" (2115 units in 2005). According to the national health care reform, only medical stations will remain in the country-side by the end of this year, while 154 of the rural regional clinics, 265 rural out-patient stations and all primary feldsher-obstetrician facilities will be eliminated.

As for physician-based primary health care, there were 2,834 rural medical facilities (SVP: rural medical facility) in Uzbekistan in October 2006. General practitioners are working in each SVP. They can provide emergency care to the patients with mental disorders and refer them to psychiatrists. Unfortunately, assessment and treatment protocols for key mental health conditions in physician- as well as non-physician-based

primary health care are not available. The majority of general practitioners (51-80%) interacted with mental health services and professionals in the year of assessment.

After assessing the condition of rural psychiatric health care in Uzbekistan, the new position of a coordinator of country medical stations and out-patients departments was created for every regional polyclinic. The responsibilities of the coordinator include: conducting meetings of the rural medical facilities (SVP), rural medical ambulance (SVA), and primary feldsher-obstetrician managers and organizing trainings with different specialists, including psychiatrists.

Prescription in primary health care

Primary health care doctor are allowed to prescribe psychotropic medications with some restrictions. However, legislative acts that regulate prescription of psychotropic drugs by primary health care doctors are contradictory. For example, order №458 of the Ministry of Health, dated 18.09.1997 means to improve psychiatric care by ensuring the free provision of specific drugs included in the country's essential drug list. However, a separate resolution (No.2) from the Ministry of Health, data 17.06.2001, lays out specific technical requirements that institutions must fulfill in order to maintain a stock of psychotropic drugs. Unfortunately, a lack of storage facilities and limited financial resources within rural primary health care institutions make it difficult to fulfill these requirements.

Attachment №14 to order № 535 of the Ministry of health care of Uzbekistan lists only 3 psychotropic drugs necessary for the first aid, which include chlorpomazine (aminazine) dosage is 25mg – 2ml in ampoules, diazepam dosage is 5mg-5ml in ampoules and benzobarbital (benzonal) dosage is 01:0,5g in tablets.

Non-physician based primary health care clinics or Primary feldsher-obstetric facilities are located primarily in the rural areas of Uzbekistan. These facilities are not allowed to dispose of psychotropic medicines, and nurses and non-doctor/non-nurse primary health care workers are not allowed to prescribe psychotropic medications under any circumstance.

Domain 4: Human Resources

Number of human resources in mental health care

The total number of human resources working in mental health facilities per 100,000 populations is 10.43. The breakdown according to profession is as follows: 3.55 psychiatrists, 0.23 other medical doctors (not specialized in psychiatry), 6.54 nurses and 0.09 psychologists. There are no social workers or occupational therapists. The data about other health or mental health workers (including auxiliary staff, non-doctor/non-physician primary health care workers, health and medical assistants, professional and paraprofessional psychosocial counselors) is not available. All mental health workers, except a small proportion (1%) of psychologists, work for government administered mental health facilities only.

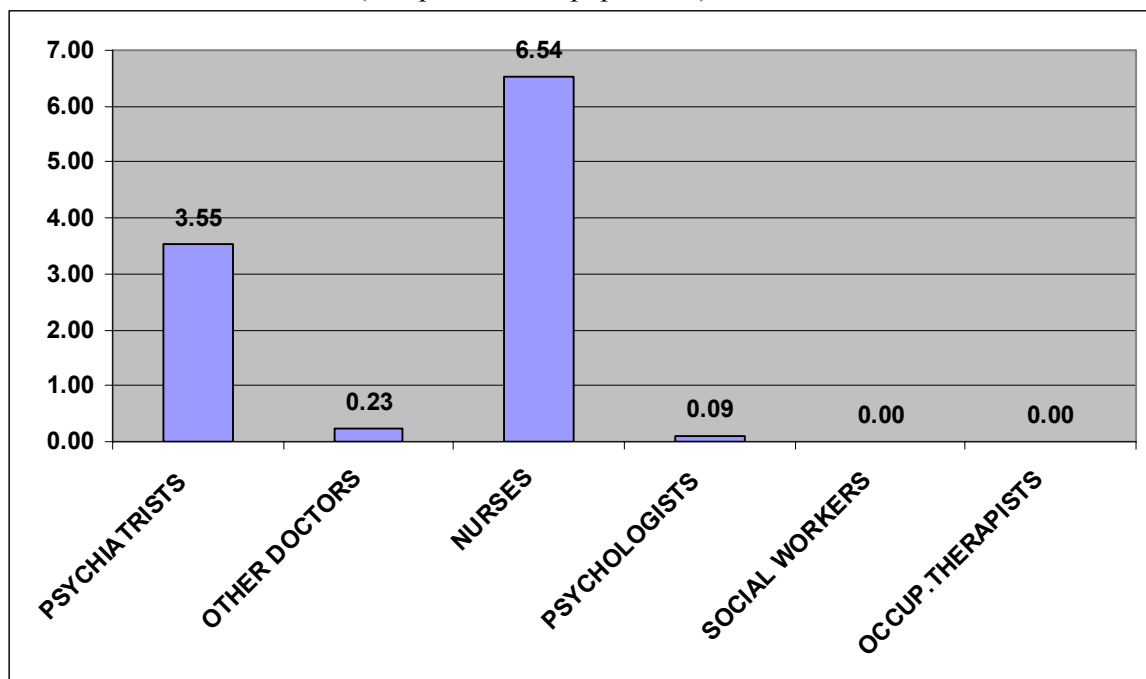
Regarding the workplace, there are 566 psychiatrists working in outpatient facilities, 347 in mental hospitals and 18 in community-based psychiatric inpatient units.

There are 600 nurses working in outpatient facilities, 41 in community-based psychiatric inpatient units and 1,071 in mental hospitals. As for other mental health professionals, there are only 24 psychologists in all mental health facilities.

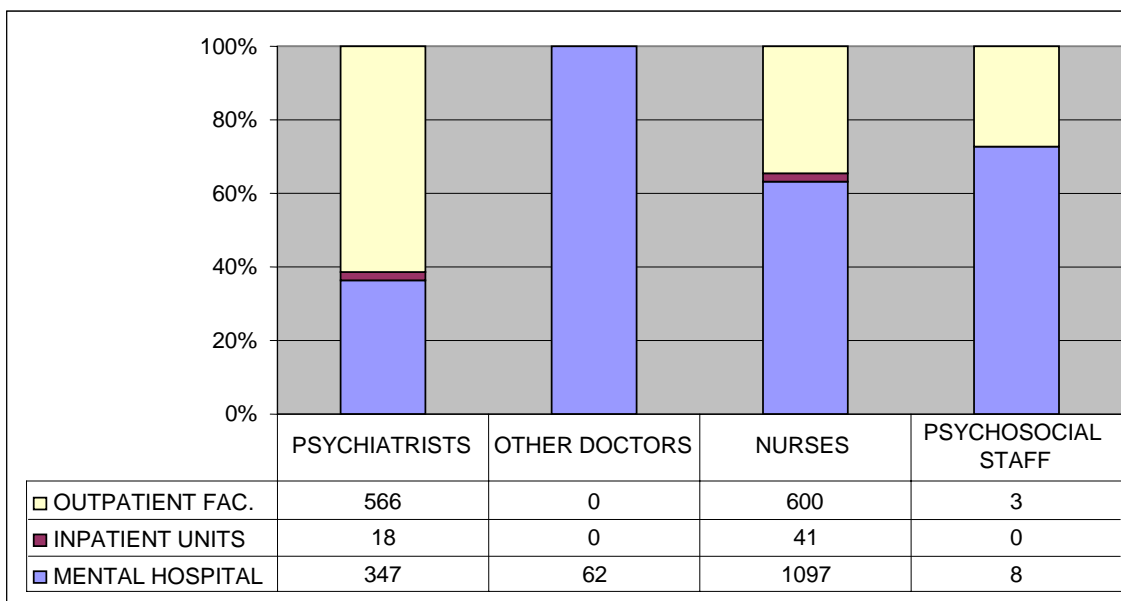
In terms of staffing in mental health facilities, there are 0.04 psychiatrists per bed in community-based psychiatric inpatient units and 0.05 psychiatrists per bed in mental hospitals. As for nurses, there are 0.10 nurses per bed in community-based psychiatric inpatient units, in comparison to 0.14 per bed in mental hospitals.

With respect to the distribution of human resources between urban and rural areas in Uzbekistan, the density of psychiatrists working in mental health facilities per capita in urban areas is 1.45 times greater than the density for the whole country. The density of mental health nurses per capita in urban area is 4.28 times bigger than for the whole country.

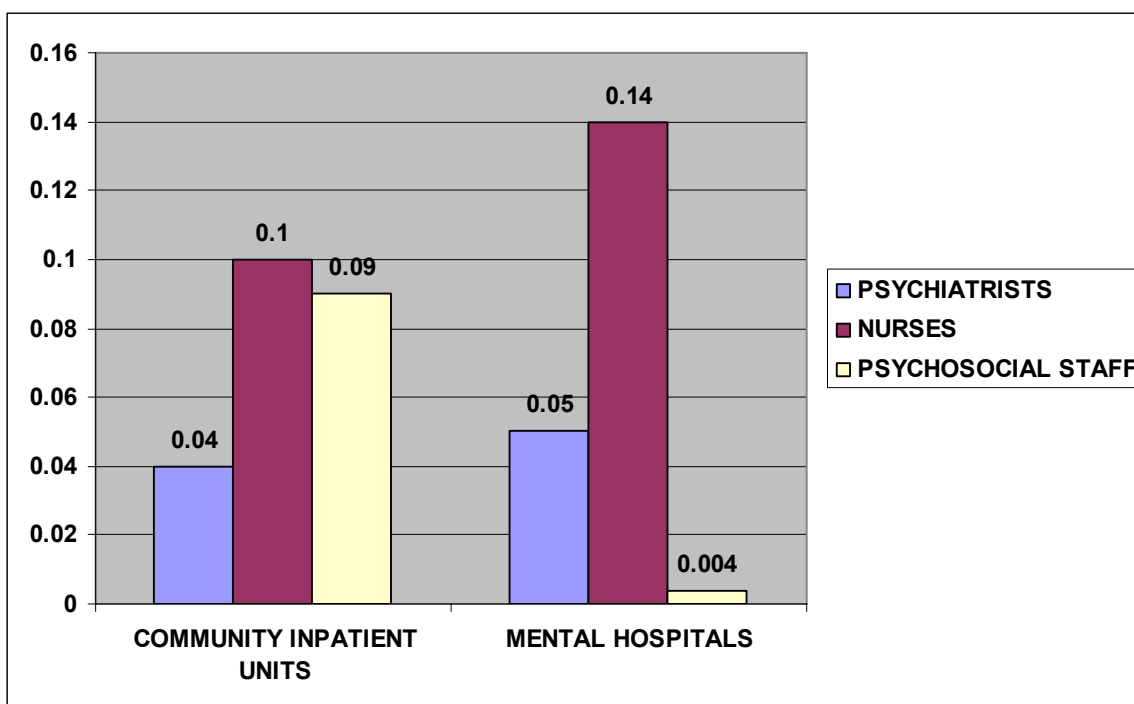
GRAPH 4.1 - HUMAN RESOURCES IN MENTAL HEALTH
(rate per 100.000 population)



GRAPH 4.2 - STAFF WORKING IN MENTAL HEALTH FACILITIES
(percentage in the graph, number in the table)



GRAPH 4.3 - RATIO OF HUMAN RESOURCES/BEDS



Training professionals in mental health

The number of professionals graduated last year in academic and educational institutions is as follows: 13 psychiatrists (0.05 per 100,000 population), 2,536 General practitioners (9.69 per 100,000 population), and 41,235 nurses (157.5. per 100,000 population).

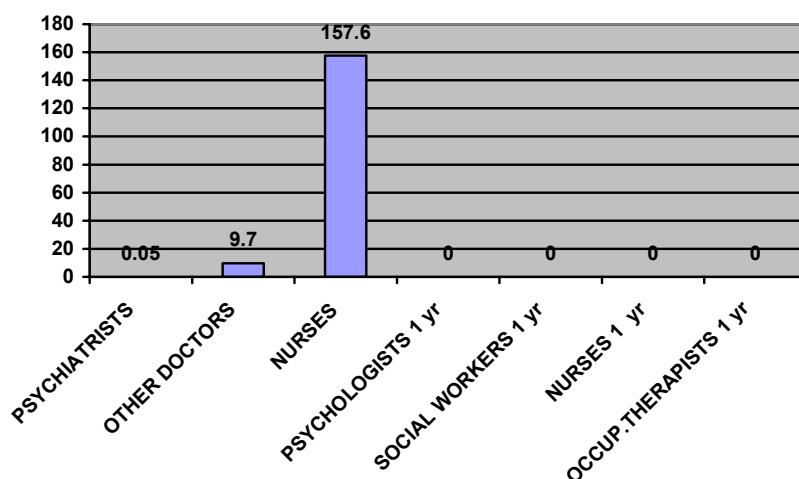
Few (<20%) psychiatrists emigrated from the country within five years of the completion of their training. In the last year, 14% of psychiatrists, 13% of other doctors and 15% of nurses attended refresher training on the rational use of drugs. Regarding

refresher training in psychosocial interventions, 5% of psychiatrists and 15% nurses attended such training. Only 3% of psychiatrists attended refresher training on child/adolescent mental health issues.

Six chairs of psychiatry at Tashkent Medical Academy and its Urgench branch, Tashkent medical paediatric institute, Samarkand, Bukhara and Andijan medical institutes are preparing specialists in the Republic of Uzbekistan. Annually, these departments train 4 post-graduate students, 13 masters and 38 residents, which is not enough to satisfy the needs for specialists. Post-diploma training is provided by the Chair of psychiatry and psychotherapy at the Tashkent Institute of postgraduate medical education, and over 120 specialists attend this training annually.

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

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



Consumer and family associations and other NGO

The following non-commercial and non-governmental organizations worked in the areas of provision of aid to disabled people and vulnerable groups in 2005:

- Tashkent city children psycho-neurological hospital of MOH of RUz named after U.K. Kurbanov (republic hospital)
- “Mekhribonlik” community of social mutual aid of disabled people of Tashkent city (non-commercial non-governmental organization)
- World Vision representative office in Uzbekistan (international humanitarian organization)
- Counterpart International, Inc. representative office in Uzbekistan,
- Community and Humanitarian Assistance Program (international non-commercial non-governmental organization)
- Partnership for Development Organization (PDO) representative office in Uzbekistan (international non-commercial non-governmental organization)
- Educational centre for disabled women and children (non-commercial non-governmental organization of Tashkent city)

- Republic social children fund «Sen Yolg'iz Emassan» (non-commercial non-governmental organization)
- Republic centre of children social adaptation (independent organization attached to Women of Uzbekistan Committee of Tashkent city)
- Educational scientific production association «Nogiron mehnat – Uzbekistonga hizmat» (non-commercial non-governmental organization)
- “Soglom avlod uchun” fund (international non-governmental charity fund)
- “Umidvorlik” - centre supporting children with limited opportunities and their families (non-commercial non-governmental organization of Tashkent city)
- Centre of assistance for increasing of economical and social security of vulnerable groups of people “Nash Dom”(Tashkent city organization)
- "Soglomlashtirish" centre (non-commercial non-governmental organization of Tashkent city);
- “MEHR QO'LI” centre of assistance to women and children in crisis situation (non-commercial non-governmental organization of Tashkent city)
- Bukhara region psychologists association; Djizak regional department of Uzbek community of disabled people (non-commercial non-governmental organization)
- Samarkand “Kamilla” legal centre for protection of rights of women with disabled children (non-commercial non-governmental organization)
- Samarkand regional “Hayot” centre for disabled people assistance (non-commercial non-governmental organization)
- Samarkand regional community of disabled people (non-commercial non-governmental organization)
- Samarkand “Kadriyat” centre for families with disabled children, destitute and unemployed people (non-commercial non-governmental organization)
- Samarkand “Suyanch” centre for social assistance to disabled women and children
- Surkhandarya “Imkon” centre for assistance to children with limited opportunities and their families (non-commercial non-governmental organization)
- Termez city special educational centre for children with limited opportunities (governmental organization)
- “Opa-singillar” - Kibray regional community of disabled women (non-commercial non-governmental organization)
- “Umr” - Tashkent regional centre for disabled people (non-commercial non-governmental organization)
- Centre of economic and social assistance for disabled people of Tashkent region (non-commercial non-governmental organization)
- Firm of attorneys named after Mavlyanbekov (non-commercial non-governmental organization of Kokand city)
- Kokand city “Mehr murruvat” centre of social and legal, psychological protection for groups of people that need social and moral assistance
- Kokand branch of Uzbek social centre of assistance for paralytic children and teenagers “Umr” (non-commercial non-governmental organization)
- Fergana”Ziyo” regional centre of assistance for children with particular needs (non-commercial non-governmental organization)
- “Iktidor” centre of assistance to disabled children with limited opportunities of Kokand city (non-commercial non-governmental organization)
- Khorezm regional community of disabled people (non-commercial non-governmental organization)
- Regional centre of medical, social and professional rehabilitation of disabled people of Khorezm region

- “Feruzkhon” Khorezm regional centre of assistance to disabled children, youth and aged people (non-commercial non-governmental organization)
- Karakalpakstan republic community of disabled people (non-commercial non-governmental organization)
- “Tumaris” NGO of Karakalpakstan republic
- “Gamhorlik-concern” of Republic of Karakalpakstan (RK)
- “Panaceya” of RK (non-commercial non-governmental organization)
- Centre of rehabilitation of children with limited opportunities of RK (non-commercial non-governmental organization)
- Centre of rehabilitation of handicapped people from birth of RK (non-commercial non-governmental organization)

Domain 5: Public Education and links with other Sectors

Public education and awareness campaigns on mental health

The Ministry of Health acts as a coordinating body that oversees public education and awareness campaigns in mental health and mental disorders. However, government ministries, NGOs, professional associations, foundations and international agencies all have promoted public education and awareness campaigns. These campaigns have targeted the following groups: the general population, children, adolescents, women, and trauma survivors. In addition, there have been public education and awareness campaigns targeting professional groups including health care providers and teachers.

Legislative and financial provisions for people with mental disorders

According to the “Law on social protection”, there is legislative and some financial support for employment, provision against discrimination at work, provisions for housing, and provisions against discrimination in housing for people with mental disorders.

Links with other sectors

In addition to legislative and financial support, there are formal collaborations with the departments/agencies responsible for primary health care/community health, HIV/AIDS, child and adolescent health, substance abuse, child protection and education. 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.

Regarding mental health activities in the criminal justice system, the Republic multi-field hospital for prisoners in Tashkent city has one 2-storied building with 2 departments with 50 beds for male prisoners with mental disorders. The proportion of prisoners with psychosis is greater than 15%. There is also a permanent psychiatrist working at this facility. Special cells were created in order to keep defendants under investigation while they await psychiatric examination or for those cases whom have already completed the examination and are waiting for a verdict. As for training, some police officers (20-51%) and many judges and lawyers (51-80%) have participated in educational activities on mental health in the last 5 years.

Domain 6: Monitoring and Research

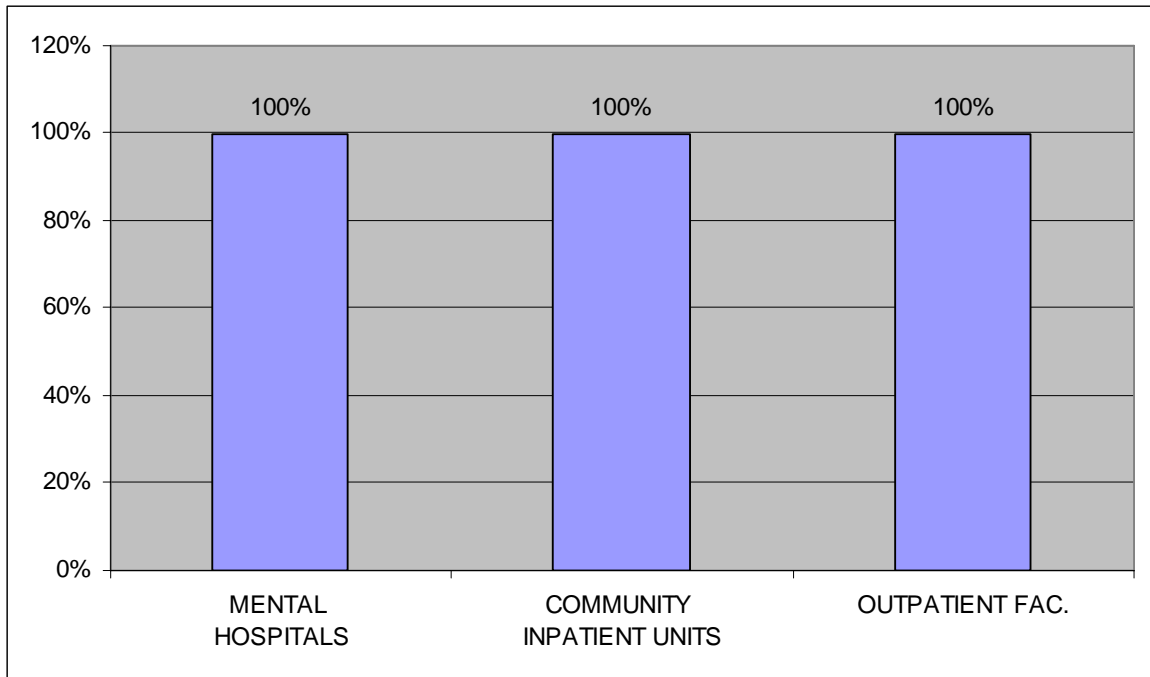
There is a system of collecting and analyzing of statistical information on mental health in Uzbekistan. The aforementioned "Methodic-organizational departments for mental health" are primarily responsible for this task. Every year specialists of the health ministry conduct an assessment of the mental health situation in every region (including in all MH facilities). They collect statistical data according to official instruments approved by the State Statistic Department of Uzbekistan. Information from each region is then collected and analyzed at the "Methodic-organizational department" of the Clinical Psychiatric Hospital of the Uzbek Ministry of Health. This department is responsible for the statistical information on mental health services for the entire country. After processing and analyzing all the data, it is sent to the "Central Health Institute", responsible for collecting all public health data for the country. Therefore, the government health department receives data from every mental hospital, community based psychiatric inpatient unit, and mental health outpatient facility. The Ministry of health, under the chair of the First Deputy Minister, holds an annual meeting on mental health services (last in July 2006). The chief psychiatrist then develops a final report about the situation and problems of mental health services in Uzbekistan.

Researches in Uzbekistan are focused on epidemiological studies in community and clinical samples, services research, psychosocial interventions/psychotherapeutic interventions and pharmacological, surgical and electroconvulsive interventions. The research consists of monographs, articles, and publications in local and international scientific journals. In the past five years, there were 234 publications on health in Uzbekistan, among which 16 (6.8 %) were on mental health,

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

	MENTAL HOSPITALS	COMMUNITY INPATIENT UNITS	OUTPATIENT FAC.
№ of beds	100%	100%	-----
№ inpatient admissions/users treated in outpatient facilities.	100%	100%	100%
№ of days spent/users contacts in outpatient facilities.	100%	100%	100%
№ of involuntary admissions	100%	100%	-----
№ of users retrained	100%	100%	-----
Diagnoses	100%	100%	100%

**GRAPH 6.1 - PERCENTAGES OF MENTAL HEALTH FACILITIES
TRANSMITTING DATA TO HEALTH DEPARTMENT**



Strengths and weaknesses of the mental health system in Uzbekistan

The results of the assessment of psychiatric services in Uzbekistan illustrate that important steps have been made to improve the legislative base of psychiatric services, to increase the resources for mental health facilities and to improve their conditions. Concerning the diagnostic procedures, a transfer to ICD-10 has been fulfilled. The progressive legislation on mental health (including aforesaid legislative acts of the Republic) provides a strong legal base for addressing important problems that influence lives of people with mental disorders.

Legislative documents adopted by the Uzbek Parliament and implemented through the Ministry of Health will prevent the discrimination and human rights violations and broaden possibilities for people with mental disorders. Furthermore, strengthening international relations and collaboration in the field of mental health will foster Uzbekistan's "democratization" of psychiatry service.

At the 2005 WHO Ministerial Conference on Mental Health in Helsinki, the Ministry of Health of Uzbekistan signed the "Mental Health Declaration for Europe". As signatories of the Declaration, public health facilities in Uzbekistan are obliged to monitor the enforcement of mental health legislation.

At present, a workgroup, created by the decree of the Ministry of Health of Uzbekistan, is developing a National Mental Health Action Plan in accordance with the Helsinki Declaration and Mental Health Action Plan for Europe.

Despite positive steps forward regarding the policy and legislative framework on mental health, over the past few years, the conditions of the mental health facilities, the resources and the quality of care provided to patients with mental illness has deteriorated as a result of a decrease in finances for mental health. In addition, the reduction of beds, day treatment facilities and absence of modern medical equipment and pharmaceuticals collectively make the profession of psychiatrist not attractive for young specialists. Therefore, the number of psychiatrists has been decreasing year after year. Considering the fact that most of psychiatry specialists are people of pension age, it will not be possible to fill the deficiency of qualified personnel in the near future. The shortage of psychiatric staff is just one example of Uzbekistan's lack of resources for mental health. During the years following independence, the population increased from approximately 20 million (1991) to just over 26 million (2005), that means by 25.5 %. The number of human resources in mental health should have increased accordingly, but it has not.

At the same time, however, the need for psychiatric services has substantially increased, the number of visits (attendance) of people with mental problems to psychiatrists has increased by 3.4 times since independence. Whereas, the number of people with mental disorders that are being under dispensary control (observation) is only 1.3 greater since then.

Considering the lack of human and financial resources, it is important to bring psychiatric services closer to people by integrating these into general practice. This can be implemented in the following ways: first, through a better organization and an increasing number of psychiatric units (psychosomatic, boundary, crisis) attached to central district and city hospitals by restructuring general bed resources. The second and

better option would be the integration of psychiatric care in primary health care facilities. This would also entail training of basic psychiatric skills to general practitioners, family doctors, district doctors and other medical personnel. Consequently, this will create opportunities for people with mental disorders to gain access to qualified primary medical care.

Achieving the objectives set out in the Biennial Collaborative Agreement between the Ministry of Public Health of Uzbekistan and the WHO Regional Office for Europe will help Uzbekistan to achieve this goal.

NEXT STEPS IN PLANNING MENTAL HEALTH ACTION

The following institutions/people should receive a copy of this report. The report should also be translated to Russian and Uzbek.

Ministry of Health (primarily for their involvement in mental health services and programs, and their budgeting and finance):

- Minister of Health
- First Deputy Minister
- Head of Treatment department
- Head of Department of Education and Human resources
- Head of Department of Finance
- "Health Institute"

Agencies in charge of residential facilities in the community:

- Ministry of Labor and Social Welfare

Professional associations:

- Association of psychiatrists of Uzbekistan
- Association of doctors of Uzbekistan

Medical institutions responsible for training psychiatry residents and medical students and for administering psychiatric units in general hospital:

- Department of Psychiatry, Tashkent Medical academy and its branches
- Department of child psychiatry of Tashkent pediatric medical institute
- Department of psychiatry and psychotherapy of Tashkent postgraduate medical education Institute
- Samarkand medical institute
- Andijan Medical institute
- Bukhara medical institute

Other relevant government authorities:

- Ministry of Public Education

International organizations (UNICEF, UNFPA, UNDP) and NGOs

In addition to sending copies of the report, it might be useful to present the findings to the groups mentioned above. The presentation could be the first part of the planning workshop. Key mental health workers should also be included in the workshop.

In consideration of the WHO-AIMS assessment results, the following are possible next steps:

- Improving the training on mental health issues and interaction between mental health workers at the primary health care and community care levels. The objective of these improvements will be to avoid unnecessary hospitalization of patients and to promote integration of mental patients in the community.
- Establishing a primary health care training program on mental health, to be developed in regions throughout the country. Topics for training might include: depression, psychosis, suicide, child and adolescent issues, alcohol abuse, anxiety disorders and patients with chronic complaints.

The WHO Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information on the mental health system in Uzbekistan including the policy and legislative framework, mental health services, mental health in primary health care, human resources, public education and links with other sectors, and monitoring and research. The goal of collecting this information is to enable policy makers to develop information-based mental health plans with clear base-line information and targets.

There is a mental health policy (2000), plan (1997) and legislation (2000) in Uzbekistan. Three percent of health expenditures are directed towards mental health. The network of mental health facilities in Uzbekistan consists of 16 mental hospitals, 18 psycho-neurological dispensaries, 282 mental health outpatient facilities, and 15 community-based psychiatric units. There are 10.4 human resources working in mental health per 100,000 population. Mental health provision in primary care is weak and training of primary health professionals limited. There is a comprehensive system of collecting and analyzing of mental health among all health facilities in Uzbekistan.

An important step in strengthening the mental health system in Uzbekistan includes integrating psychiatric care into primary health care facilities. This can be accomplished by improving training on mental health issues in primary care by establishing a primary health care training program on mental health in regions throughout the country. Improving the interaction between mental health workers at the primary health care and community care levels is another important area of focus.