

Mental health services in Eastern Europe: past, present and future

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Since the collapse of the Soviet system at the end of the 1980s, Eastern European countries that were formerly part of the Soviet bloc have been looking westward for inspiration when considering reform to their mental health services. We consider how those reforms are progressing in three themed articles. Matt Muijen and Andrew McCulloch discuss the effects of a policy decision, made in 2005 by a Europe-wide consortium, to move mental healthcare from an asylum-based model into the community. It is gratifying to hear how many countries have been successful in so doing, but efforts at reform have met with a triple barrier. First, persisting stigma at all levels of society about people with mental illness; second, the relatively high costs of providing comprehensive community outreach services in countries with limited healthcare resources; third, the lack of trained staff at all levels, from psychiatrists to social workers. Onrej Pec provides an overview of how mental health reforms are progressing in the Czech Republic, a country with a reasonably high income in international terms, but which spends less on mental (compared with physical) health services than many others in the EU15. Most psychiatric services are still based in large asylums, containing 500 beds or more. Community services are not yet

well developed, in part because of resistance fostered by social stigma. This disappointing news contrasts with the remarkable success of deinstitutionalisation in Bosnia and Herzegovina, according to a report from Enrichetta Placella, a health advisor to the Swiss Agency for Development and Cooperation. She describes the considerable investment made by several Swiss cantons to help their neighbours modernise the provision of psychiatric care. Switzerland has instigated changes to the relevant legal framework and introduced procedures to ensure high standards of training and support to staff. Other initiatives have included national campaigns aimed at reducing stigma and raising awareness of depression and anxiety. Support for patient associations has been key to the successful reform of mental health services, here and elsewhere. Ms Placella emphasises the importance of establishing a process by which novel methods of service delivery can be managed and sustained, by encouraging a 'culture of quality'. The process adopted for the reform of mental health services by the Swiss Agency is a model that could and should be applied in other Eastern European countries that aspire to provide better care to their populations affected by mental disorders.