(Rousseau *et al*, 1997). Despite low rates of help-seeking, early intervention and appropriate psychosocial assistance have been reported as crucial protective factors (Howard & Hodes, 2000; Punamaki *et al*, 2001).

Conclusions

Unfortunately, the major risk factor is traumatic war exposure, and that cannot be eliminated. Let us remember, though, that with knowledge of the factors that are significant, especially those that enhance resilience, we can help to minimise the burdensome effects of trauma and give strength to this vulnerable and growing population.

References

Ajdukovic, M. & Ajdukovic, D. (1998) Impact of displacement on the psychological well-being of refugee children. *International Review of Psychiatry*, **10**, 186–195.

Almqvist, K. & Brandell Forsberg, M. (1997) Refugee children in Sweden: post-traumatic stress disorder in Iranian preschool children exposed to organized violence. *Child Abuse and Neglect*, **21**, 351–366.

Almqvist, K. & Broberg, A. G. (1999) Mental health and social adjustment in young refugee children 3½ years after their arrival in Sweden. *Journal of the American Academy of Child and Adolescent Psychiatry*, **38**, 723–730.

Berman, H. (2001) Children and war: current understandings and future directions. *Public Health Nursing*, **18**, 243–252.

Ellis, B. H., Macdonald, H. Z., Lincoln, A. K., *et al* (2008) Mental health of Somali adolescent refugees: the role of trauma, stress, and perceived discrimination. *Journal of Consulting and Clinical Psychology*, **76**, 184–193.

Fazel, M. & Silove, D. (2006) Detention of refugees. *BMJ*, **332**, 251–252.

Fazel, M. & Stein, A. (2003) Mental health of refugee children: comparative study. *BMJ*, **327**, 134.

Hodes, M. (2000) Psychologically distressed refugee children in the United Kingdom. *Child Psychology and Psychiatry Review*, **5**, 57–68.

Hodes, M. & Tolmac, J. (2005) Severely impaired young refugees. *Clinical Child Psychology and Psychiatry*, **10**, 251–261.

Howard, M. & Hodes, M. (2000) Psychopathology, adversity, and service utilization of young refugees. *Journal of the American Academy of Child and Adolescent Psychiatry*, **39**, 368–377.

Human Rights and Equal Opportunity Commission (2002) *Psychological Well-Being of Child and Adolescent Refugees and Asylum Seekers: Overview of Key Research Findings of the Past 10 Years*. National Inquiry Into Children in Immigration Detention, Human Rights and Equal Opportunity Commission (HREOC). Available at http://www.humanrights.gov.au/about/media/media_releases/2002/31_02.html (accessed May 2008).

Kinzie, J. D. & Sack, W. (1991) Severely traumatized Cambodian children: research findings and clinical implications. In *Refugee Children: Theory, Research and Services* (eds F. L. Ahearn & J. L. Athey), pp. 92–105. Johns Hopkins University Press.

Kinzie, J. D., Sack, W. H., Angell, R. H., *et al* (1986) The psychiatric effects of massive trauma on Cambodian children: I. The children. *Journal of the American Academy of Child Psychiatry*, **25**, 370–376.

Kocijan-Hercigonja, D., Rijavec, M. & Hercigonja, V. (1998) Mental health condition and adjustment of refugee and displaced children in a war area. *Psychiatria Danubina*, **10**, 13–29.

Papageorgiou, V., Frangou-Garunovic, A., Iordanidou, R., *et al* (2000) War trauma and psychopathology in Bosnian refugee children. *European Child and Adolescent Psychiatry*, **9**, 84–90.

Punamaki, R. L., Qouta, S. & El-Sarraj, E. (2001) Resiliency factors predicting psychological adjustment after political violence among Palestinian children. *International Journal of Behavioral Development*, **25**, 256–267.

Rousseau, C., Drapeau, A. & Corin, E. (1997) The influence of culture and context on the pre- and post-migration experience of school aged refugees from Central America and Southeast Asia in Canada. *Social Science and Medicine*, **44**, 1115–1127.

Sack, W. H., Clarke, G. N. & Seeley, J. (1996) Multiple forms of stress in Cambodian adolescent refugees. *Child Development*, **67**, 107–116.

Sack, W. H., Him, C. & Dickason, D. (1999) Twelve-year follow-up study of Khmer youths who suffered massive war trauma as children. *Journal of the American Academy of Child and Adolescent Psychiatry*, **38**, 1173–1179.

Silove, D., Sinnerbrink, I., Field, A., *et al* (1997) Anxiety, depression and PTSD in asylum-seekers: associations with pre-migration trauma and post-migration stressors. *British Journal of Psychiatry*, **170**, 351–357.

Sourander, A. (1998) Behavior problems and traumatic events of unaccompanied refugee minors. *Child Abuse and Neglect*, **22**, 719–727.

United Nations High Commissioner for Refugees (2006) *UNHCR Statistical Online Population Database*. Available at http://www.unhcr.org/statistics/populationdatabase (accessed May 2008).

COUNTRY PROFILE

The country profiles section of *International Psychiatry* aims to inform readers of mental health experiences and experiments from around the world. We welcome potential contributions. Please email ip@rcpsych.ac.uk

Estonia

Anne Kleinberg

Secretary General, Estonian Psychiatric Association, email anne.kleinberg@lastehaigla.ee

Estonia is a small country (45 000 km^2) with a population of 1.3 million people. It has undergone rapid change since it gained independence from the Soviet Union in 1991. It has achieved some economic success, although there is a suggestion that this has been at the expense of the mental health and general emotional well-being of the people. In the Estonian Health Interview Survey, depressive symptoms were observed in 11.1% of respondents and their presence was strongly correlated with socio-economic status (Aluoja *et al*, 2004).

Health system

The Estonian health system is funded via a national social insurance scheme. The Health Insurance Fund is provided from taxes on incomes of the working population, but it also covers those who have no income from employment. It is a universal scheme, under which medical institutions are reimbursed for treatments provided to all patients.

The first point of contact for the patient is the family doctor. Where necessary, the family doctor can refer the

patient to a specialist for consultation or can transfer the patient to hospital. Emergency medical cover is provided to all persons staying in the territory of the Republic of Estonia, regardless of nationality, citizenship or possession of a health insurance card. Psychiatry belongs to the sphere of specialist medical care.

Mental health policy

There is no mental health policy in Estonia, although attempts have been made to draft one. The first of these was made as early as 2001, when the Ministry of Social Affairs ordered the compilation of a source document of mental health policy from the Praxis foundation. The project was ended in December 2002. The intention had been to gather together all the important organisations and different interest groups in the mental health area, and to draft a well-balanced mental health policy centred on the client's perspective. The policy document was to have included a hierarchical listing of the most important mental health problems in Estonia, together with their possible solutions. Options for the development of mental health services for Estonia were described, alongside the existing plans for their development. This document was never adopted. There is, though, a Mental Health Act that regulates the provision of mental health services, and this is described below.

While no substantive national progress has been made in the area of mental health policy, the Estonian government, under the supervision of Commission of the European Communities, made a valuable contribution to the European Green Paper (2005) entitled *Improving the Mental Health of the Population. Towards a Strategy on Mental Health for the European Union*. Furthermore, Estonia has signed the Helsinki Declaration of the World Health Organization.

Mental health services

Estonia's mental health services have improved considerably over the past 10–15 years. The old system had been modelled on Soviet psychiatry; services are now more centred on the patient and are essentially targeted at improving clients' quality of life.

The Mental Health Act regulates the organisation of psychiatric care and defines the financial obligations of the state and local government in that respect. Under the Act, only those healthcare institutions, physicians and other specialists with appropriate licences may provide psychiatric care. Local governments must guarantee access to social services for people with mental disorders. The law also provides that in order to get psychiatric care the patient may turn directly to a specialist for out-patient consultation, that is, without referral from a family doctor.

Mental illness prevention is the responsibility of the Ministry of Social Affairs. Other legislation relevant to mental health includes the Social Welfare Act.

Psychiatric care is mainly provided on an out-patient basis in Estonia. In-patient psychiatric care is mainly used to help patients through a short-term crisis or for solving complex differential diagnostic and treatment problems. Hospital admission is resorted to only where a period of continuous monitoring is necessary for diagnosis, medical treatment or rehabilitation, or when patients are deemed to be a danger to themselves or others, or are unable to cope without assistance outside hospital. People can be admitted to the psychiatric department of a hospital for emergency psychiatric care or otherwise treated without their consent (or that of their legal representative) only if all of the following circumstances exist:

- they have a severe mental disorder which restricts their ability to understand or control their behaviour
- without in-patient treatment, they endanger the life, health or safety of themselves or others as a result of the mental disorder
- other psychiatric care is not sufficient.

Persons in involuntary treatment may not be subject to clinical trials, or the testing of new medicinal products or treatment methods. The Healthcare Board supervises involuntary treatment.

Biological treatment methods predominate in comparison with psychotherapy. Indeed, the availability of psychotherapy and counselling or emergency help services – for example emergency counselling for family crisis or school violence – is limited. Emergency help on the basis of in-patient hospitalisation is guaranteed. There was little in the way of community-based services during the Soviet period, but these have been expanded year on year. As this process is ongoing, it is difficult to give actual figures.

The provision of rehabilitation services is ensured by the Social Insurance Board.

Training and numbers of specialists

Psychiatric training is available to graduates of Tartu University's Faculty of Medicine who have spent 1 year in training as a general doctor and who have passed an examination to become a specialist trainee. Training starts at Tartu University Psychiatric Clinic. After 4 years of 'common trunk' training and a final examination in psychiatry, doctors will have the specialty of psychiatry accredited to them by the Healthcare Board. A psychiatrist can apply for the sub-specialty status of child and adolescent psychiatrist or psychotherapist from the Estonian Psychiatric Association.

As of 1 January 2002, the structure and quality of the healthcare professions have been governed by specialty and professional associations, such as the Estonian Nurses' Union. For example, these bodies carry out periodic assessment of the competency of their members, although these assessments are voluntary for the professionals. The certification system of the Estonian Psychiatric Association was established in 2004.

Based on workload standards and training requirements, the Ministry of Social Affairs has suggested that the optimal number of psychiatrists in 2015 will be 260. The model takes into account working hours, training sessions, vacations, the numbers of patients and the numbers of episodes of illness, as well as the age and potential migration of doctors currently working in the system. Based on this estimate, the Ministry has submitted a government order for employment contracts for at least eight additional psychiatry residents (including one resident in children's psychiatry) each year.

https://doi.org/10.1192/S1749367600002083 Published online by Cambridge University Press

Table 1 Estonia's national requirements for psychiatrists

Area of work	Basis for estimate	Numbers required
Out-patient psychiatrists	1 psychiatrist per 10 000 inhabitants	130
Child psychiatrists	1 child psychiatrist per 40 000 inhabitants	30+
In-patient psychiatrists	Dependent on the number of beds and shifts	90–100
Other fields – education and research, forensic psychiatry, prison psychiatry		5–10 total

The Estonian Psychiatric Association broadly concurs with these Ministry estimates, on the basis of the numbers shown in Table 1.

Professional association

The Estonian Psychiatric Association was established in 1989. It has three specialist sections – child and adolescent psychiatry, biological psychiatry and eating disorders – and a section for young psychiatrists and trainees.

In recent years the members of the Association have been increasingly active. Some important campaigns have related to:

- price rises in connection with mental health services
- the need for a mental health policy
- the need to re-establish child and adolescent psychiatry as a specialty, and in particular the need for more child and adolescent psychiatry centres.

Research

The main areas of research in Estonian psychiatry are the epidemiology of depression and biological markers of anxiety disorders. In recent years there has been increasing interest in research on the part of psychiatric trainees and young doctors. One obstacle is a national lack of research supervisors, but consequently there has been a trend to work with foreign colleagues.

Stigma and human rights

A pre-conference meeting on mental health at the World Health Organization's European Ministerial Conference took place in Estonia in October 2004. The matters raised included mental health issues in the workplace, especially stigma and the need of those with a mental disability to find appropriate employment. Stigma was also discussed in the document on mental health policy (see above).

Institutions which mainly deal with human rights in relation to mental health include the Estonian Chamber of Disabled People, the Estonian Mentally Disabled People Support Organisation, the Estonian Patients' Advocacy Association, the Estonian Psychosocial Rehabilitation Association and the Estonian Psychiatric Association.

References and sources

Aluoja, A., Leinsalu, M., Shlik, J., *et al* (2004) Symptoms of depression in the Estonian population: prevalence, sociodemographic correlates and social adjustment. *Journal of Affective Disorders*, **78**, 27–35.

Habicht, T. & Thetloff, M. (2003) *Financing of Mental Health Services in Estonia*. Praxis Working Paper No. 3/2003. Praxis. Available at http://www.praxis.ee/data/WP_03_20030.pdf (last accessed March 2008).

Healthcare Association (2005) *An Overview of the System of Mental Health Services in Estonia*. Healthcare Association in collaboration with Ministry of Social Affairs in Estonia and World Health Organization.

Statistics Estonia (2006) *Annual Report*. Available at http://www.stat.ee (last accessed March 2008).

COUNTRY PROFILE

Mental health in the Syrian Arab Republic

Iyas Assalman[1] MD, Mazen Alkhalil[2] MD and Martin Curtice[3] MB ChB MRCPsych LLM

[1]FTSTA3 in Psychiatry, West Midlands Deanery, UK, email iyasassalman@hotmail.com

[2]General Adult Psychiatrist, Al-Basheer Hospital, Harasta, Damascus, Syria, email mazenalkhalil@yahoo.com

[3]Consultant in Old Age Psychiatry, Queen Elizabeth Psychiatric Hospital, Edgbaston, Birmingham B15 2QZ, UK, email Martin.Curtice@bsmht.nhs.uk

The following view was espoused in a 1903 *Lancet* editorial describing psychiatric services in the East: 'The treatment of lunatics in the East has not yet fully emerged from the clouds of ignorance and barbarism which have surrounded it for ages.' One of the first reformers was 'Mr. Theophilus Waldmeier, a gentleman resident in Syria, who commenced in the spring of 1896 the work of helping and providing for the numerous sufferers from mental disease in Syria and Palestine.' He attempted to introduce the methods of humanity and science in this field. In 1939 Bernstein described his visit to the Maristan Arghoum, a psychiatric hospital, in the city of Aleppo. He observed the complete lack of medical supervision, 'bad' patients being chained and the despotic rule of the 'keeper' of the hospital.