

Mental health services in Azerbaijan

Fuad Ismayilov

Head of the 4th Department, Baku City Psychiatric Hospital No. 2, Baku, Azerbaijan, email fouad@azerin.com

This brief summary is drawn from a more extensive, detailed country profile available at <http://193.164.179.95/imhpd/>.

Azerbaijan is a nation with a Turkic population which regained its independence after the collapse of the Soviet Union in 1991. It has an area of approximately 86 000 km². Georgia and Armenia, the other countries comprising the Transcaucasian region, border Azerbaijan to the north and west, respectively. Russia also borders the north, Iran and Turkey the south, and the Caspian Sea borders the east. The total population is about 8 million. The largest ethnic group is Azeri, comprising 90% of the population; Dagestanis comprise 3.2%, Russians 2.5%, Armenians 2% and others 2.3%.

The gross domestic product (GDP) per capita in 2002 was US\$755 and 0.9% of the GDP was allocated to health. The proportion of the national budget spent on the overall health system is 6.6% and mental health expenditure is 0.33% of the total national budget. The numbers of physicians (of all specialties), paramedical staff and beds per 10 000 population are, respectively, 36.3, 74.6 and 86.0 (State Statistical Committee, 2002).

Azerbaijan is one of the first republics of the former Soviet Union to face a large-scale refugee problem. At present there are 819 000 refugees and internally displaced people, who had to leave their homes owing to the 1988–93 armed conflict with Armenian military forces in Nagorno-Karabakh (Ismayilov & Ismayilov, 2002).

Current mental health system

In line with the old Soviet model, mental health care in Azerbaijan is oriented to the institutional approach, but the conditions within the psychiatric institutions do not meet basic standards. Primary care for people with mental illness is not well developed, although almost all kinds of service are available at the level of specialist care. The principal mental health care providers are psychiatric hospitals, psychiatric dispensaries and psychiatrists in private practice.

There are 5.0 psychiatrists per 100 000 population. Each administrative district of the country has an out-patient clinic with a consulting room for a psychiatrist. Moreover, eight cities have inter-regional psycho-neurological dispensaries (PNDs), with out-patient and in-patient facilities. In the city of Baku there are two PNDs: one of them provides services to children, the other to adults (Aliyev, 1999).

In-patient treatment is provided by nine psychiatric hospitals. In addition, there are psychosomatic departments in two large general hospitals and psycho-neurological departments in the military hospitals. The total number of beds is 5670, or 71 per 100 000 population.

Some metropolitan districts, such as Baku, Soumgaıt and Gandja, are able to provide round-the-clock psychiatric teams working in an ambulance service.

The main restriction on mental health care in Azerbaijan is financial. A doctor's salary is around US\$10–20 a month. As a rule, physicians also demand a fee for their services, and there is therefore little difference between the private and public sectors. Illegal demands for payments are often made for mental health services, as well as for drugs, and food in hospital. In fact, most people are not able to afford hospital treatment, which costs on average US\$200–250, and most patients do not wish to go into hospital even if they are financially secure. The other disadvantages of the existing system are the over-centralisation of services and a paternalistic approach towards people with mental illness. Community care and rehabilitation are carried out by a few non-governmental organisations involved in local mental health projects (Akhundov, 2001).

Since the arrival of the large number of refugees, the national government has passed several acts related to privileged services for refugees. One of the first of them was Order 145, which simplifies the process for the admission of refugees to psychiatric institutions, regardless of their place of residence and the availability of referral from a primary care institution. In addition, some special pharmacies that supply medicines free of charge to refugees were established.

Epidemiology

Systematic epidemiological studies have not been performed in Azerbaijan. According to official statistics (Ministry of Health, 2001), the number of patients with a first psychiatric diagnosis in 2001 and the total number of psychiatric patients registered in PNDs per 100 000 population were 85.8 and 1034.5, respectively. (These figures relate to severe mental disorders only.)

Despite a relatively low rate of suicide, of 2.7 per 100 000, there is a consensus among mental health professionals that the prevalence of depressive, anxiety and somatoform disorders has dramatically increased recently (Ismayilov, 2000). Also evident is an increase in alcoholism and drug misuse (presently with a prevalence of 274.4 and 191.3 per 100 000, respectively).

Training in psychiatry

At undergraduate level, psychiatric education is available at the Azerbaijan Medical University. In the fourth and fifth years of their course, medical students are obliged to study

In line with the old Soviet model, mental health care in Azerbaijan is oriented to the institutional approach, but the conditions within the psychiatric institutions do not meet basic standards.

psychiatry (including medical psychology); this involves about 150 hours of academic work at the Department of Psychiatry. At this level the training programme is divided in two sections – a series of lectures on the theoretical foundation to the subject, and workshops on general psychiatry (psychiatric disorders). Additionally, medical students have to acquire skills in the interviewing and assessment of psychiatric patients.

A medical graduate who wishes to become a psychiatrist spends one year as an intern at a psychiatric hospital and after passing the special examination can start working independently. The intern programme is focused on obtaining initial experience in diagnostics and treatment. Such training is insufficient and the administration of the Medical University, jointly with the Ministry of Health, has planned a four-year programme of training, which is due to be implemented from 2005.

Every five years psychiatrists have to have four months' training at postgraduate level at the Department of Psychiatry of the Azerbaijan State Doctors' Advanced Training Institute. Unfortunately, because of the obsolete training programmes and old-fashioned approaches, this continuing education is not particularly effective. There are no subspecialty programmes (e.g. in child and adolescent, geriatric or forensic psychiatry or psychotherapy). Before the collapse of the USSR, mental health professionals from Azerbaijan could be trained at the accredited Soviet scientific centres, generally those in Moscow and St Petersburg. At present the country does not have bilateral arrangements with other countries for training in psychiatry.

A two-year programme is provided for the training of nurses. This includes a 32-hour combined course on psychiatry and neurology. Psychiatric nurses need not have any specialist psychiatric training and can start working as soon as they leave nursing school. Psychiatric nurses do, however, receive 192 hours of specialist training once every five years. This continuing education is formally encouraged by linking it to further qualifications; if a further degree is obtained, this is rewarded by an increase in salary (although this increase amounts only to US\$2–3 per month). However, it has to be said that most mental health professionals are not satisfied with the standard of this continuing education for psychiatric nurses.

In 1999 a training programme for clinical psychologists was launched at Baku State University; however, their official involvement in the provision of mental health services has not yet been established. There are at present no training programmes for other mental health professionals, such as psychiatric social workers and occupational therapists.

Azerbaijan Psychiatric Association

Over the past five years the Azerbaijan Psychiatric Association (AzPA) has worked in partnership with the World Psychiatric Association, the Association of European Psychiatrists and the Geneva Initiative on Psychiatry to improve mental health care in the country. One initiative of the AzPA has been to translate important documents,

including ICD–10, guidelines on ethics in psychiatry and the Madrid Declaration, into the Azeri language and to distribute them among mental health professionals. More than 50 members of the AzPA have participated at international scientific meetings. Also several members of the Association were involved in the ANAP Project (Attitudes and Needs Assessment in Psychiatry) conducted in six countries of Central and Eastern Europe.

Mental health reform

One of the first steps towards reform of the mental health services resulted in the adoption of the Mental Health Law by the Azerbaijan parliament on 29 June 2001. Derived from Western standards of mental health care, the Law is focused on the protection of the civil and human rights of mentally ill people and it regulates mental health service provision. With the help of international organisations (including the Geneva Initiative on Psychiatry and the International Consortium for Mental Health Policy and Services) a working group has been established to draft documents on mental health policy and a national mental health programme. This working group has indicated that the main priority is a programme of deinstitutionalisation, with the simultaneous development of community services; also required are an improvement in the financing and distribution of services, and the establishment of effective links between the different sectors involved in mental health (Musabayova & Zeynalova, 2000; Manuchery-Lalei, 2000; Ismayilov, 2001).

Collaborative efforts should be undertaken to prevent stigma and to involve users in the planning and evaluation of services. Finally, the priority for any mental health policy must be to improve the system of training. The training of psychiatrists should meet contemporary standards of professional education, and specialist training programmes in clinical psychology, psychiatric social work, psychiatric nursing, occupational therapy and so on need to be developed.

References

- Akhundov, N. G. (2001) Basic principles of psychosocial rehabilitation of refugees and internally displaced children in places of their temporary residence. *Azerbaijan Psychiatric Journal*, **4**, 58–63.
- Aliyev, N. (1999) Organisation of mental health services in Baku and perspective on their development. *Azerbaijan Psychiatric Journal*, **1**, 66–69.
- Ismayilov, N. (2000) Treatment of somatoform disorders related to social stress. *Azerbaijan Psychiatric Journal*, **3**, 28–35.
- Ismayilov, F. (2001) Mental health services: evaluation and research. *Azerbaijan Psychiatric Journal*, **4**, 13–21.
- Ismayilov, N. & Ismayilov, F. (2002) Mental health of refugees: the case of Azerbaijan. *World Psychiatry*, **1**(2), 121–124.
- Manuchery-Lalei, A. (2000) Concept of community care and its perspectives in Azerbaijan. *Azerbaijan Psychiatric Journal*, **3**, 20–25.
- Ministry of Health (2001) *Medical Statistics – Annual Report*. Baku: Ministry of Health.
- Musabayova, G. & Zeynalova, N. (2000) Rehabilitation in a children's psycho-neurologic dispensary. *Azerbaijan Psychiatric Journal*, **3**, 91–93.
- State Statistical Committee (2002) *Independent Azerbaijan*. Baku: State Statistical Committee.

One of the first steps towards reform of the mental health services resulted in the adoption of the Mental Health Law by the Azerbaijan parliament on 29 June 2001. Derived from Western standards of mental health care, the Law is focused on the protection of the civil and human rights of mentally ill people and it regulates mental health service provision.