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## *CONSULTATION ON MENTAL HEALTH LEGISLATION IN CENTRAL ASIAN REPUBLICS*

Dushanbe, Tajikistan  
18-20 July 1994

1994

EUR/HFA target 12

## TARGET 12

### REDUCING MENTAL DISORDERS AND SUICIDE

*By the year 2000, there should be a sustained and continuing reduction in the prevalence of mental disorders, an improvement in the quality of life of all people with such disorders, and a reversal of the rising trends in suicide and attempted suicide.*

### ABSTRACT

The five central Asian republics (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan) are in the process of formulating new mental health laws or developing appropriate strategies for their implementation. This report describes the main topics discussed as well as the conclusions and recommendations put forward by a Consultation on mental health legislation in central Asian republics organized by the WHO Regional Office for Europe jointly with the Ministry of Health of Tajikistan in Dushanbe, Tajikistan, 18-20 July 1994.

### Keywords

MENTAL HEALTH  
LEGISLATION  
NIS

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## **Introduction**

A Consultation on Mental Health Legislation in central Asian republics was held 18-20 July 1994, in Dushanbe, Tajikistan. The meeting was organized by the WHO Regional Office for Europe in collaboration with the Ministry of Health of Tajikistan. A total of 17 temporary advisers and observers participated, three from Kazakhstan, eight from Tajikistan, two from Turkmenistan, three from Uzbekistan, one from Russian Federation, one from Denmark, one from WHO headquarters and one from the Regional Office for Europe.

The aim of the meeting was to discuss with a selected number of experts from the central Asian republics the more recent developments introduced in mental health legislation in European countries as a contribution towards the formulation and implementation of new mental health laws in central Asian republics.

## **Background**

On 3-5 June 1993, the WHO Regional Office for Europe organized a consultation on modern approaches to mental health legislation which was held in Moscow. One of its recommendations was that whenever requested to WHO, similar consultations should be organized in other Member States, including countries of central and eastern Europe.

Following up an invitation from the Government of Tajikistan to hold a meeting on mental health legislation in central Asian republics in Dushanbe, the European Office of WHO organized the present consultation in collaboration with the Ministry of Health of Tajikistan.

During the first part of the meeting, the situation of mental health and mental health care services in the central Asian republics of Kazakhstan, Tajikistan, Turkmenistan and Uzbekistan was presented. This was followed by presentations and discussion of the more significant developments in mental health legislation from an international point of view. Special attention was given to the recent experience of the Russian Federation in formulating and implementing its new mental health law.

During the second part of the meeting, group discussions were organized to review the implications for legislation of some of the major common areas of concern experienced by central Asian republics in the field of mental health and mental health care.

## **Conclusions**

1. In general it was agreed that the consultation was timely and provided useful information for the preparation and implementation of the new mental laws and contributed decisively to the enhancement of collaboration between central Asian republics in the field of mental health care development. The meeting noted that three out of four central Asian republics are presently in the process of formulating new mental health laws and one (Turkmenistan) is facing difficulties with the implementation of its recently adopted new mental health law.

2. The present transitional severe socio-economic difficulties being faced in general by the populations of the central Asian republics was felt to constitute, not only a source of increasing prevalence of mental health related problems, but also a serious obstacle to the urgent improvement of the care provided to persons affected by mental illness and disability. It was pointed out that under these deteriorating conditions, the actual implementation of newly formulated modern approaches to laws might be difficult and therefore due consideration should be given to the present socio-economic context when formulating or implementing the new mental health legislations.

3. The presentations on the mental health situation in the central Asian republics clearly indicated that, along with specific problems to be faced by each republic, there are common fields of concern such as:

- Acute shortage of psychotropic medications which are contributing to a rapid aggravation of the quality of treatment and management of persons affected by severe mental disorders.
- Deterioration of the living conditions of patients admitted to psychiatric institutions.
- The lack of accessibility to care of patients concealed by their families.
- The enhancement of morale and working perspectives for mental health workers.
- Legal provision for involuntary psychiatric treatment.
- Impact of financial constraints in the improvement of mental health care and mental health policy longterm prioritization.
- Lack of appropriate law implementation strategies.
- Treatment of citizens from other countries admitted to psychiatric services in central Asian republics.

4. Further meetings on the areas of concern identified above could constitute an appropriate tool for monitoring the process of preparation as well as implementation of new mental health laws in the central Asian republics.

5. The new Russian Federation mental health law was considered a good basis for the preparation of the new laws in central Asian republics, but the specific differences of each central Asian republic requires the introduction of particular developments, both in content and in its implementation strategy.

6. The significant efforts made to ensure good communication between participants during the meeting should be duly acknowledged. The provision of several background documents and presentations in Russian and English, as well as the availability of simultaneous interpretation, greatly enhanced the discussion and exchange of information. However, the logistics and simultaneous interpretation infrastructures need to be improved in future initiatives in this field.

## Recommendations

1. For strengthening the cooperation among central Asian republics, a WHO/EURO Support Centre for mental health care development in central Asian republics needs to be established. The Uzbekistan participants offered to host this facility in Tashkent. Offers were also made by the other republics.
2. Future collaborative initiatives should progressively increase the participation of representatives from other sectors than psychiatry. Priority needs to be given to social services, mass media, law and education ministries, non governmental organizations (including user groups), religion officials and leading individual mental health advocates.
3. A WHO meeting on legal provisions for involuntary psychiatric treatment in central Asian republics ought to be considered. As identical problems are faced in the treatment of substance abusers, the idea of a joint meeting for mentally ill and substance abuse persons was welcomed.
4. WHO should assist and contribute to the urgent establishment of a programme of humanitarian assistance for mentally ill persons, particularly for those institutionalized in psychiatric hospitals and suffering from severe long-term disease or disability. In the case of Tajikistan, special additional assistance is necessary for the psycho-social rehabilitation of persons more severely affected by war related traumas.
5. With WHO support, appropriate simultaneous interpretation facilities need to be organized in the central Asian republics in order to ensure good communication and effective international collaboration.

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