When the European Commission met in Copenhagen in 1993 to outline a methodology for EU accession, many eastern countries seemed far from meeting the necessary political, economic, and legislative criteria. Much has changed since the creation of the ‘Copenhagen criteria’ as the Council has now announced that eight nations in eastern Europe – Estonia, Hungary, Poland, the Czech Republic, Slovenia, Slovakia, Latvia and Lithuania – will be ready for membership by 2004, with Romania and Bulgaria ready by 2007. One topic yet to emerge however, is the provision of mental health care and the status of people with mental health problems in these countries. Central and Eastern Europe face considerable challenges. The overall burden of disease due to neuropsychiatric disorders is estimated at 17.2% (DALYs), notably higher than the world average (12.3%). Whilst these rankings suggest that the prevalence of disorders is comparable to that in western Europe, there is a consensus that both treatments and the organisation of mental health services have not kept up with reforms adopted in the west.

Services have been influenced heavily by a historical legacy of large psychiatric hospitals and social care homes, a custodial rather than therapeutic attitude to patient care, and a reliance on pharmacological interventions. Psychiatry also has been subject to political abuse, with incarceration in psychiatric institutions used as a means of repression both in the former Soviet Union and elsewhere in Eastern Europe. Since 1980 the Geneva Initiative on Psychiatry, originally the International Association on the Political Use of Psychiatry (IAPUP), has led efforts within national and international psychiatric organisations to eliminate such systematic abuse. Community based care has been sparse and often equated with outpatient or dispensary care. Moreover, community social structures, including the role of the family, were weakened first under the former soviet-style system and later by the strain of economic transition. This has led to a lack of support for people with severe mental disorders outside the framework of institutionalised care, further aggravated by widespread stigma, discrimination and social exclusion. Hierarchical systems of central planning limited the responsiveness of mental health institutions, and for several decades, psychiatry in the east was isolated from western developments, access to journals, conferences, and other modes of information exchange. Unfortunately, as described by the WHO in the 2001 World Health Report, many of these features still characterise these countries’ mental health care systems. Furthermore, poor conditions in psychiatric hospitals and care homes have given rise to human rights concerns. For example, the violation of rights documented in Hungarian care homes included the restriction of patients’ movements (despite no legal authority to detain), invasion of privacy, inadequate communication facilities, ineffective complaint and monitoring mechanisms, poor access to medical treatment, and the use of outdated treatments. Some care homes continued to use severely restricting ‘caged beds’, despite international condemnation of the practice by disability rights groups and the Council of Europe. In Bulgaria the continued use of unmodified electroconvulsive therapy has also been recently criticised. Inadequate legal services and protection extended to people with mental health problems has drawn states into litigation before the European Court of Human rights. Moreover, as is the case in many countries throughout the world, mental health services are poorly resourced. EU

European Union enlargement
Will mental health be forgotten again?

ELIAS MOSSIALOS, ANANT MURTHY, DAVID MCDAID *

* E. Mossialos1, A. Murthy1, D. McDaid1
1 LSE Health and Social Care, London School of Economics and Political Science, UK

Correspondence: Dr. E. Mossialos, LSE Health and Social Care, London School of Economics and Political Science, Houghton Street, London WC2A 2AE, UK

14 Comparative risk assessment. Lack of fruit and vegetable consumption. London, UK: London School of Hygiene and tropical Medicine, 2002.
Delivery systems are slowly moving away from custodial care to alternatives such as community based services. The need to rethink approaches to mental health was the theme of Mental Health Europe’s conference in Estonia in November 2002. One key issue highlighted was the need not only to develop top down strategies, but also to facilitate input into policy and strategy development from users and ex users of services who possess a wealth of local knowledge and experience. This approach is being facilitated by one NGO, the Hamlet Trust, in a number of central and eastern European countries. For instance, working with a local policy co-ordinator in Estonia, partnerships with many stakeholders have been developed (including the media), and events including workshops and campaigns have helped promote a positive image of mental health. Given the prevalence of mental illnesses as well as their socio-economic impact, the need for significant reform in Eastern Europe is substantial. However, the exclusion of mental health considerations from the EU accession process misses an extraordinary opportunity for reform. Attempts should be made to link financial resources to measurable improvements in mental health care and protection of human rights for all residing either in institutions or the community. Perhaps a special EU monitoring panel can help guide reforms and assist in the transition towards community-based care? Without greater attention however, the emphasis on human rights and respect for the interests of minorities embodied in the ‘Copenhagen criteria’ will ring hollow among people with mental health problems.

REFERENCES