



LANDINFO RESPONS

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REGION: TIDLIGERE SOVJETUNIONEN
LAND: KIRGISISTAN
DUF NUMMER:

TEMA: **Behandlingstilbud for personer med psykiske lidelser**
BESTILLER: UNE
DATO: **2. mars 2005**

PROBLEMSTILLING/SPØRSMÅL:

Hvordan er behandlingstilbudene for psykiske lidelser i Kirgisistan?

LANDINFO RESPONS: LANDRÅDGIVER MARIT MAGELI
DATO: 17. juni 2005

LANDINFO har vært i kontakt med en rekke kilder i Kirgisistan for å få opplysinger om behandlingstilbudet for personer med psykiske lidelser. Dessverre har det vært svært vanskelig å få konkret informasjon. Ingen av de aktuelle organisasjonene (IOM, International Crisis Group, OSSE) utlendingsmyndighetene hadde møter med under sin delegasjonsreise til Kirgisistan i oktober 2004 kunne bistå med informasjon;. LANDINFO har imidlertid vært i kontakt med WHO's kontor i Bisjkek pr e-post.

WHO opplyser følgende i e-post av 13. juni:

Summary on MH services.

Organization of MH services in Kyrgyzstan: the Republican MH Centre based in Bishkek is the leading MH hospital and training base in the country. There is also Republican MH hospital based in Chim-Korgon, Chuy oblast. For the south oblast there is Republican MH hospital in Kyzyl-Jar and few MH hospitals at oblast level (Osh town and Balykchy/Issyk-Kul). There are few MH units within oblast and town's hospitals.

Children's departments are operative within Bishkek MH Centre and one branch in Ivanovka village (Chuy oblast).

According to the regulations, MH patients shouldn't pay for the services. But due to the lack of state financing of the health sector in general, and especially, of MH services, there is a significant lack of medicines supply. That is why, when needed, the relatives pay for the medicines which are not available at the hospitals.

In general, this sector has few major problems, like lack of essential medicines supply; old staffing with the soviet style of treatment/diagnostics; low rate of using the new clinical protocols; low understanding of ICD-10; high average length of stay. The national policy in the area MH was formulated in the national programme by the end of 2009 and this programme was supported positively by WHO. Unfortunately, the state funding is not enough to improve the quality of care and the conditions in the hospitals.

Since 2000, the Republican MH Centre conducted few trainings (with WHO support) on implementation of the clinical protocols and ICD-10. Following these, the number of schizophrenias decreased, the average length of stay is decreasing, the use of new medicines (atypical neuroleptics, clasipam) was increased, level of stigmatization of the patients is also decreasing. But there is a need to continue the trainings for all specialists.

The main goals of the reforms of the MH services are: implementation of the standard international classifications of diseases (1), implementation of the evidence based therapy (2) and new technologies of social rehabilitation (3).

At the community level the national Psychiatric Association is conducting few activities focused on development of community based psychiatric care.

I e-post av 14. juni presiserer WHO følgende:

1. MH services means mental health services.
2. ICD-10 is the latest version of the International Classification of diseases

Kommentar fra LANDINFO

I 4. avsnitt skriver WHO: "In general, this sector has few major problems, like lack of essential medicines supply;"

Her må "few major problems" forstås som "a few major problems" som igjen kan oversettes med "en del problemer".