

Psychiatry in Russia today

Gabriele Liebig, editor-in-chief of the German weekly Neue Solidarität, reports on her tour of Psychiatric Clinic No. 3 in St. Petersburg.

During my trip to St. Petersburg at the beginning of October 1995, I had the opportunity to visit the largest of the city's seven psychiatric hospitals. State Psychiatric Clinic No. 3 is the largest hospital in St. Petersburg. The gigantic clinic complex, with an area of 25 hectares, is responsible for several districts of St. Petersburg, for 2 million out of the city's 5 million inhabitants. Presently 2,150 patients are being treated there.

It is Saturday and we are on our way to see chief physician and clinic director Vladimir Gerhardovich Agishev. On the hospital grounds approaching the entrance, we meet several people who are raking the autumn leaves, but who do not look like groundskeepers at all. It turns out that the clinic doctors are doing it on their own time: They are using their free Saturday to get a little extra money, by doing some work that needs to be done around the clinic. Inside the clinic grounds, we also see patients at work. They are repairing the stone steps leading up to one of the main buildings. They are coming right around the corner with a load of fresh mortar, which they are transporting, not in a wheelbarrow, but in a wooden crate being carried with poles.

Dr. Agishev is a congenial man around 60 years old. His patronymic, "Gerhardovich," hints at a German origin. He completed his psychiatric specialization 34 years ago, and has been actively working in a clinic for the past 31 years. He studied at Yekaterinburg (formerly Sverdlovsk) with Prof. Pyotr Malkin, and later in St. Petersburg. He has headed up the Psychiatric Clinic No. 3 for about the last seven years. In speaking about the clinic, he displays sad dissatisfaction, especially about the backwardness resulting from the shortage of funds and the miserable accommodations for the patients, mixed with a certain pride in what they are still able to accomplish, despite the adverse circumstances.

The clinic employs 100 psychiatrists and 40 additional physicians, besides about 10 psychologists who assist the activities of the psychiatrists. There is a severe lack of manpower, especially of nurses and orderlies.

Of the approximately 13,000 patients admitted here each year, the average patient will receive treatment for less than two months. Patients suffering anxiety disorders will usually spend not quite three weeks, while schizophrenia patients often remain for several months. The clinic maintains a special section for war veterans, soldiers who became mentally

disturbed, who were in the Afghanistan War or with the Spetsnaz troops. There are also delinquents among the patients, who have been declared by a court to be mentally incompetent. Unless they are extremely violent, they will not be segregated from the rest of the patients.

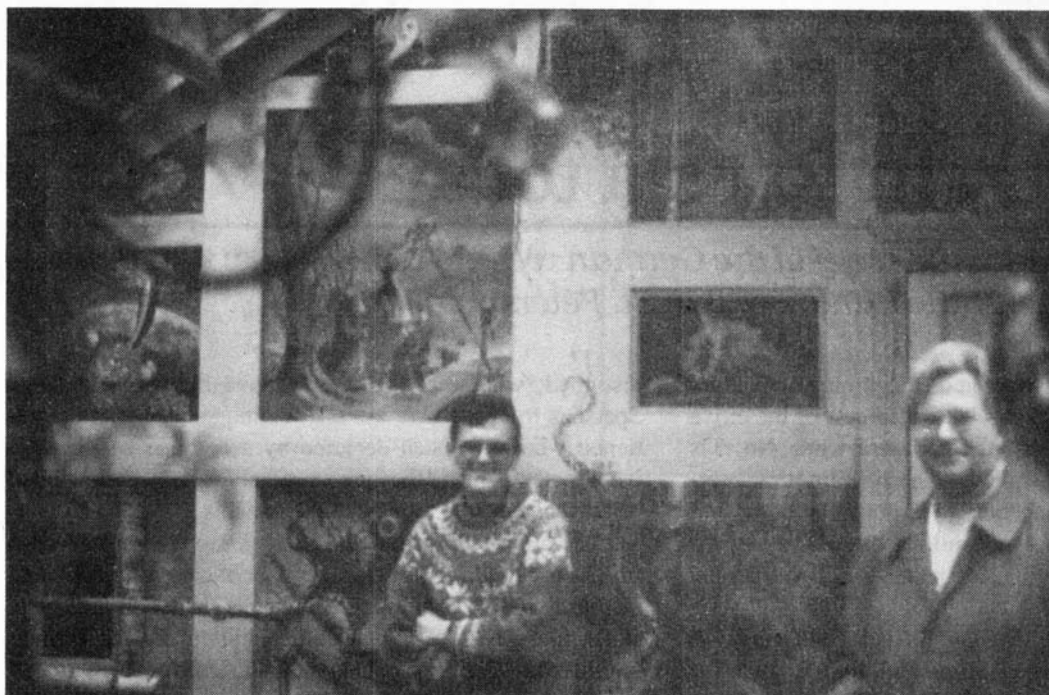
The clinic was founded 125 years ago, as a model for psychiatric treatment: A large number of charming small and medium-sized houses were built, some of wood, others of stone, along with a small wooden church, and the entirety within the setting of an expansive park. Unfortunately, today it no longer looks that way. The former park has come to look in some places more like a junkyard. The wooden houses are only partly still used as ward-buildings. Some of them are completely dilapidated, others can only be utilized for storage. Even the modern buildings, from the 1960s, are already in need of renovation. However, the city government of St. Petersburg lacks either the money or the political will to do this.

Twenty per dormitory

Vladimir Agishev is very unhappy about the miserable accommodations for his patients. However, he cannot do much to change it, and has to be satisfied with the fact that the central heating was renovated not very long ago. Just recently, the head of the clinic was in Germany for a few weeks, and inspected several psychiatric clinics in and around Munich. "In Munich, only one or two patients share a room, and each room has its own bath. How lousy it is for our patients by comparison. I would give anything to be able to change it for the better."

Dr. Agishev takes us through several wards, and everywhere it is the same: more than 20 beds, packed one right next to the other, in a dormitory, which has no door, so that the extremely disturbed patients can be more easily monitored. The urinal is only blocked by a half-height tiled wall, so the odor from it permeates the whole dormitory. Seventy men all have to use a single toilet. We only saw one bathtub; it was right next to the admitting room. Newly admitted patients are often very unkempt, and the first thing is to put them into the bathtub.

Instead of their own clothes, the severely ill patients who spend most of the time in bed, mostly wear a sort of lined sleeping gown that appears to have been fashioned out of old



A patient at the St. Petersburg psychiatric clinic (left) stands before his paintings, on display in the clinic's greenhouse. Despite great adversity, the clinic staff is committed to providing what the director, Dr. Agishev, calls "care and accommodation in keeping with human dignity."

curtains. The problem is that many patients are brought in wearing filthy rags, and usually don't have anyone who might be capable of supplying them with clean clothes.

"At least one thing we were able to achieve for our patients," Dr. Agishev reports. "Every ward has its own fenced-in garden, where the patients can sit on the bench if the weather's good, take a stroll, or do gardening." The gardens grew out of an initiative of the clinic and several doctors, whereby the topsoil and wire fencing were acquired in a somewhat adventurous manner. The people are proud of the success of the gardens; however, their full utilization is limited by two factors: a shortage of staff and of warm clothing. In the summertime, you can go outside and take a walk in the clinic garb, but in October, it is already too cold to do so.

A couple of years ago, the Orthodox church was reopened. Every Sunday there are worship services, but, excepting the high holidays, only about 20 of the more than 2,000 patients attend them.

Hardly a single physician has expectations for any kind of improvement coming from actions by the government. There is some doubt about the wisdom of the bureaucratic City Council decision-making, since the hospital's over-aged central kitchen was officially closed back in 1989 without any provision for building a new kitchen having ever been made. The patients, however, must somehow have something to eat, and so the officially closed kitchen has continued in operation for the past six years.

Near the entrances to several buildings, we observed a kind of flat, weather-beaten wooden cart. Dr. Leonid Nikitich Valuy, a psychiatrist who has been working at Psychiatric Clinic No. 3 for decades, later explained to us that these

carts are used to transport food to the various wards. "Formerly horses used to pull these carts. In recent years, we were no longer able to continue the upkeep of horses. Now, patients perform this labor."

The patients do this work of their own free will and for a small compensation, a sort of pocket money. The same holds also for the labor in the clinic's own workshop. Unfortunately, a portion of the workshop building has meanwhile been privatized—sold—and the patients no longer have it at their disposal. Dr. Agishev regrets this: "Before, when the workshop still functioned, various things were made there, like bed linen, and then sold. Out of the proceeds, we were then able to buy a piano for one ward, or a television set for another. But that was in the past."

Despite the tremendous poverty, the clinic is kept clean, and many of the wards are decorated with vases of flowers and climbing plants. Paintings are hung on the walls, mostly the work of patients. We met one such artist in the greenhouse, the most beautiful place in the entire clinic. In the midst of cacti and succulents, he was sitting and painting quite a lovely little oil painting. A whole series of his paintings is displayed on the wall. This patient had taken part in the war in Afghanistan.

There is also a library and a room where films can be shown or concerts performed. "Previously, we had frequent concerts here, which were always a beautiful change of pace for the patients. Now, however, we are at the point where, without money, nobody wants to come here to perform," laments Dr. Agishev, who for years now has not gotten any money for new beds or other items for the institution.

I ask Dr. Agishev: "If you were in charge of psychiatry

for all of Russia, what would you change?" He answers, "Above all, I would make sure that we could fulfill the right of all of our citizens to medical care in the psychiatric domain. I would see to it that our patients received care and accommodation in keeping with human dignity, which is simply not given today. Our patients are supposed to be rehabilitated here; how is that possible under the present conditions? Indeed, we don't even have the necessities required for us to provide the minimal medical treatment."

No money for medicine

The Russian health system overall is close to breaking down. In many general hospitals, medicine is so scarce, that the patients not only have to pay for it themselves, but they even have to get their relatives to go procure it for them. Officially, hospitalized mental patients are dispensed their medication without charge, and even outpatients with schizophrenia or a similar diagnosis have a right to free prescriptions. But the reality looks different. Each pharmacy has one section for free prescription medicines and another one for clients who pay cash. Most of the time, the medication in question is not in stock in the section of the pharmacy which is paid for by the State, so the patient then has the choice of either buying it in the other section, or forgoing it altogether.

There are scarcely any neuroleptics to be found in the pharmacies any longer; they can only be bought on the black market. There, five ampoules of the long-lasting neuroleptic haloperidol decanoate now cost 300,000 rubles, nearly equal to the monthly salary of a senior physician at Psychiatric Clinic No. 3.

"All psychopharmaceuticals are very expensive in comparison to the extremely poor incomes of our patients. Thus, what has happened is that thousands of schizophrenia patients can no longer be given certain medications that are the basic required treatment. As a consequence, considerably more of them will wind up back in the clinic again. Five or six years ago, we had 2-3,000 patients per year who were admitted with the diagnosis of schizophrenia requiring hospitalization. Compared to that, there were 3,600 in the past year. These are not newly ill patients; we know most of them. Since they cannot receive their medications, their condition deteriorates to such an extent that they have to come back to the clinic."

While we are standing right alongside the entrance, an unconscious man is transported past us on a primitive wooden carrier: He had swallowed multiple lethal doses of sleeping pills. Since he lives nearby, they brought him here to the clinic. The man's prognosis is not very good, since there is no resuscitation room here, where, for instance, electrical heart massage could be administered. Dr. Agishev is hoping to be able to redress this situation in the coming year.

Not some kind of a warehouse

In addition to the seven psychiatric hospitals, there are also nine homes for the incurably insane in St. Petersburg.

Psychiatric Clinic No. 3, by contrast, is not some kind of warehousing facility; despite all of the difficulties, it lays claim to being able to successfully treat mental illness.

I asked the doctors to characterize how the scientific approach of Russian psychiatry differs from that of other countries. Dr. Agishev described the "nosological approach" of Russian psychiatry (nosology means theory of disease): "We try to find the cause of the patient's disease, instead of merely treating symptoms. So we are trying to find, for example, the infectious agents causing the disease. In this sense, you could say that we have a materialistic approach. Professor Chistovich has put forward the view that mental diseases are usually caused by some kind of infectious agents.

"Russian psychiatry, which is based on the German and Russian scientific tradition, has diagnosed mental illnesses since the turn of the century according to their nosological form, rather than by particular symptoms. In this sense, Russian psychiatry is closer to German than to the Anglo-American approach. For us, sophisticated-sounding diagnoses like 'personality disorder' or 'anxiety condition,' rather than neurosis or schizophrenia, are just as inadequate, as if one were to reduce influenza to a head-cold syndrome. On account of this, we are only able with great difficulty to get used to the new method of the most recent 'international classification,' which was introduced in the United States and which is now supposed to be introduced here as well. I consider this classification, according a list of syndromes, to be a step backward, scientifically. We are being ordered from Moscow to introduce this western model here, nonetheless."

Dr. Valuy describes his profession in this way: "To be a psychiatrist, more creativity is required than for doctors of any other medical profession. This is due, first of all, to the peculiarity of mental diseases themselves, which always have many faces, and in every patient assume a different particular form. Every patient is different. Secondly, you have to know how the medication works in different individuals; in one case, it will work very effectively, but in another patient, despite the same diagnosis and dosage, it will be completely contraindicated, not work at all, or even make the situation worse. Most important, certainly, is that if you are treating a mental illness, you are not only dealing with a specific underlying biological trigger, but also with the personality of a concrete human being. One must know how he or she was brought up, what kind of education they have been through, and what experiences have shaped their lives. All of this influences the clinical picture the disease presents, and has an impact on the prognosis of the patient."

The controversial subject of electroshock therapy also came up in the discussion. Dr. Valuy said that due to the shortage of money and lack of personnel, today neither electroshock nor insulin shock therapy was being employed any more. In earlier years, however, he didn't have unfavorable experiences with their use: Patients who had been suffering from depression often lived for eight or nine years without

any new attacks. Any temporary disturbances of the memory would disappear after a while. By the way, he said, one shouldn't underestimate the dreadful side-effects that psychopharmaceuticals can sometimes have.

Dr. Agishev, like Dr. Valuy, called special attention to the benefits of the Soviet system of medical record-keeping. The way it works makes it possible to preserve a complete general medical history, as well as a history of the psychiatric illness, because individual physicians and hospitals will continue to have responsibility for all residents of a specific district. Thus an attending physician is able to develop a dynamic picture of the course of illnesses over several decades of a patient's history, including which therapies have been successful or not so successful. This system is not computerized.

"If a patient is taken to the clinic, then it will first be determined whether or not he has ever been hospitalized before, and if so, where. One can then obtain the medical illness history, which already supplies valuable information concerning the patient's previous history of acute illness," Professor Valuy commented. "Since a patient, according to the old system, always goes to the same doctor and is treated by the same hospital, in the ideal case, the course of an illness can be traced from earliest youth." A colleague of Dr. Valuy tells about the medical record of a patient who was hospitalized for treatment 64 times and whose records accordingly included 64 reports, starting when he was 11 years old.

Even if those concerned with western-style data privacy would have their hair stand on end by merely considering the Russian system, it is of great service for the physician trying to discharge his duty, and quite extraordinary for the psychiatrist. On the other hand, in the West, where a patient runs from one doctor to the next with a specific symptom of disease, each one has to begin all over again with the diagnosis.

Abuse of Soviet psychiatry

The further question arises, that the medical record-keeping system, which dates from the 1930s, can be misused and was misused. We asked Dr. Agishev about this delicate issue, and in particular about the abuse of Soviet psychiatry.

He acknowledged point-blank that there had been abuse, and that it was not without some basis that Soviet psychiatry presented a terrifying enemy image, not only to the West, but inside Russia itself. "There was a series of cases like that of Gen. Pyotr Grigorenko, who was committed to a psychiatric institution, although many psychiatrists maintained that he was not mentally ill.

"In other cases," Dr. Agishev went on, "dissidents would be confined to a psychiatric institution on the basis of a court decision. Here the blame therefore falls upon the judge, not the psychiatrist, who must also ask himself whether the dissident in question (who perhaps does not have the strongest physical constitution) might not be better off in the psychiatric ward, than in the extremely harsh conditions of a forced-

labor camp."

Then he enumerated a whole series of cases in which international human rights organizations intervened in favor of dissidents who did, in fact, need psychiatric treatment: "Already in the year 1935, the famous St. Petersburg professor Raissa Golant identified a Mr. Feinberg as suffering from schizophrenia. In the 1960s, Feinberg joined up with a dissident movement, and human rights advocates claimed that he was institutionalized purely for political reasons. Then he came to London and had to go back into the [mental] hospital. Quite similar was the case of another patient who had killed a nurse in a hospital in Central Asia. His sister entreated that he be taken into our hospital, because she herself worked here. In the West, however, he was considered to be politically persecuted. Finally, he left, along with his sister, to emigrate to London, where, after only two weeks, he again had to enter a psychiatric hospital."

Finally, Dr. Agishev mentioned two assassins: Viktor Ilyin, who had shot at Leonid Brezhnev in 1969; and Aleksandr Shmonov, who tried to shoot Mikhail Gorbachov in Red Square. Shmonov was in a special institution in Moscow for four years. Finally, he founded a political party which campaigns for the right of every Russian citizen to declare his own plot of land to be "autonomous" territory.

"Viktor Ilyin, who tried to shoot Brezhnev, spent nine years at a special institution in Kazan. Then he was transferred to our clinic. A high-ranking military collegium was invited here once and rescinded the order committing him here, releasing him. While he was in the hospital, he conducted himself quite calmly and continually occupied himself with building perpetual motion machines of various sorts. In 1989, he made his opinions known publicly regarding the debate over a new constitution, which he said must unconditionally include an article that morally unfit political leaders ought to be shot. So we then admitted him again, but after two years he was suddenly released. He lives not far from here. The hospital staff helped him get a place to live, because his mother didn't want to take him in anymore."

The social question

The biggest external factor that has to be taken into consideration when treating his patients, is the social aspect, Dr. Valuy explained: "We are of the view that we are responsible for our patients, not just when they are here in the hospital, from the moment of their admission up until their release, but that we must also be concerned about what becomes of them after their release. Today the social problems are more acute than before: unemployment, poverty, the high cost of living, the shortage of housing. We have to be concerned about the conditions under which a patient is going to live."

There are absolutely no patients at Psychiatric Clinic No. 3 who are well-off. Such people go to a section of the Moscow Bekhterev Institute, or else are treated by private physicians. All the patients here are poor, to a greater or

lesser degree.

The question of housing has especially emerged in the forefront of social problems during the course of the privatization process, Dr. Valuy explains: "Children and the mentally ill are the most likely to suffer from the situation since apartments were first allowed to be bought and sold a couple of years ago. One alcoholic father sold his apartment in order to get money to spend on booze, and his children were thrown out on the street. Because of this, a law was passed around the same time, which made it illegal for an alcoholic with children to sell his apartment. However, for the mentally ill, no such law exists." Ownership-transfer contracts involving mentally ill persons—for instance, someone in a manic flight of fancy about privatizing his dwelling—are not deemed illegal, for the purchaser can always claim that the seller's illness was not mentioned. According to the views of legal experts, objections would be raised, were proof of mental health to be required for sales contracts to be binding, on the grounds of violating people's rights.

Even in apartment swapping, criminal activity often arises, reports Dr. Valuy: "One of my patients wanted to swap his large apartment for a smaller one. He obtained 5 million rubles for the difference in value and an address. He went there and the criminal's accomplice showed him his new room. Thereafter, the fellow went on a drinking binge and wound up being taken here to the clinic. When we came

to talk about releasing him, it turned out that someone else was living in his new room. We asked at the central registration office and found out that other people were in fact already registered there, in the very same apartment. The swindlers had sold the apartment twice. Now it has been legally established that in order to register a new address, a police certificate must be presented, to the effect that the dwelling really is unoccupied."

Dr. Valuy makes no secret about the fact that he doesn't think much of the Gaidar-Chernomyrdin economic "reforms." A new decree has been enacted, according to which no person lacking a fixed place of residence can hold claim to a pension. "If our patients should thus lose their place of residence, they also lose their pension, which in any case is already quite meager. We have a whole number of patients whom we are not able to release, because we do not know where we should release them to. Someone who has no family, and lives in a communal residence, for example, will frequently have the unfortunate experience that the others want to get rid of him. Nowadays it boils down to the fact that you can make some money out of living space. This can become a motive for the other people who live there to throw him out, not only because of his problems, but in order to get his room."

The question of changing this overall situation for the better is, to be sure, a case for politics, and not psychiatry, to solve.

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