CHAPTER 1

Introduction to Central and Eastern Europe

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Since the fall of the Soviet Union in 1991, the countries of Central and Eastern Europe (CEE) have undergone profound political, economic, and social changes. As the countries' communist regimes ended, governments were faced with developing new health systems, financing these systems, and instituting reforms in the countries' existing mental health care systems. Yet, over a quarter of a century since the dissolution of the Soviet Union, the transformation of mental health systems remains incomplete. As a World Health Organization (WHO) assessment writes, "Are mental health services moving forward in Central and Eastern Europe? Of course, a quick answer is either *yes* or *no*. Or, rather, the correct answer is both *yes* and *no*" (Saraceno and Saxena, 2005).

Map of Central and Eastern Europe

In order to understand the progress, current status, and challenges of mental health care reform in CEE, this book explores the case studies of Serbia, Bulgaria, Romania, Albania, Czech Republic, and Moldova. Throughout the book, the human experiences of mental health care reform in CEE are brought to life through interviews with patients, mental health care professionals, and policymakers. These unique interviews were conducted in person by researchers on the ground in Albania, Bulgaria, Romania, Serbia and Moldova. The book itself is a product of unique, on the ground perspective, as it is the product of a 16-year National Institute of

Health/Fogarty International Center¹ grant to provide advanced, multidisciplinary research training to outstanding pre- and post-doctoral economists, psychiatrists, sociologists, clinicians, and mental health professionals from Central, Southeastern, and Eastern Europe. Participants in the program were trained in the latest research methods and issues regarding the economic and social factors that influence or drive the delivery of mental health care services. Under the mentorship of the program faculty, the authors of each chapter are graduates of this program, and provide on the ground insight to the status on mental health care in their respective countries.

Before the book delves into mental health care reform in CEE, the following chapter provides an overview of the region's history and current status, setting the political and economic context for the following case studies.

1.1 History of Central and Eastern Europe

1.1.1 *Cold War era*

While CEE was firmly entrenched behind the iron curtain during the Cold War, the region's countries did not share uniform experiences. While the Moldovan Socialist Soviet Republic was a member of the USSR, the People's Republic of Bulgaria, the Socialist Republic of Romania, and Czechoslovakia (containing the modern-day Czech Republic) were independent states who were members of the communist-aligned Warsaw Pact.² Although the Socialist Republic of Albania emulated Stalinist ideals, it withdrew from the Warsaw Pact in the 1960s and maintained chilled relations with the USSR until the Soviet Union's collapse.³ Similarly, although communist, the Socialist Federal Republic (SFR) of Yugoslavia (containing modern-day Serbia) broke away from the Soviet Union in

¹To learn more about the NIH Fogarty program, see www.fic.nih.gov.

²North Atlantic Treaty Organization. What was the Warsaw Pact? NATO. N.d. Retrieved from https://www.nato.int/cps/us/natohq/declassified_138294.htm.

³*Ibid.*

1948 and was non-aligned and maintained relationships with both the Western and Eastern blocs for the duration of the Cold War.⁴

The dominant health care model among CEE countries was the Semashko system. Named after Nikolai Semashko, the first people's commissar of public health of Russia after the Bolshevik Revolution, health care systems under the Semashko model were centrally planned and managed (Rechel *et al.*, 2014, p. 92). Health care was of low priority compared to national defense, seen as a cost rather than an investment. This attitude toward health care led to Semashko systems prioritizing secondary care and inpatient treatment over primary care and outpatient treatment, and focused on curing acute conditions, rather than chronic conditions. There was little to no integration between primary and secondary care. Central planning further hindered health systems, as governments' fixed allocations of budgets, personnel, and hospital beds failed to meet the reality of local needs and resulted in suboptimal allocation of resources. The Semashko structure was particularly detrimental for the treatment of mental illness. Individuals with mental illness were treated nearly exclusively in large psychiatric hospitals, many institutionalized for decades. Mental health policy decisions were made from ideological rather than scientific considerations; and neither staff, patients, families, nor citizens were regarded as stakeholders in mental health care and policy.

Stigma surrounding mental illness was incredibly strong during the Cold War. The Russian Association of Psychiatrists supported the view that mental illness was characteristic of capitalist societies and would eventually disappear under the communist regime (Rechel *et al.*, 2014, p. 159). Those who did not meet the expectations of socialist standards—including the disabled and the mentally ill—were seen as shameful to society, encouraging families to forget about their “faulty” relatives and abandon them to the institution (Rechel *et al.*, 2014, p. 160). Those who were institutionalized had no legal rights or protections, and were frequently subject to inhumane treatment. While some institutions took a more humane approach, their treatment was often counterproductive and

⁴Office of the Historian, Bureau of Public Affairs—United States Department of State. The Breakup of Yugoslavia, 1990–1992. US State Department. N.d. Retrieved from <https://history.state.gov/milestones/1989-1992/breakup-yugoslavia>.

failed to meet international standards or treatment protocols (Rechel *et al.*, 2014). For the small number of individuals who were released from psychiatric hospitals, there was no possibility of reintegration into society. Mental health diagnosis excluded individuals from skilled or professional work, and Soviet psychiatry did not recognize the concept of “recovery” in mental health (Rechel *et al.*, 2014).

Another key factor that marked psychiatry during the Soviet era was the abuse of psychiatry for political purposes, beginning in the mid-1950s (Tomov *et al.*, 2007, p. 402). Studies estimate that one-third of all political prisoners in the Soviet Union in the 1970s and 1980s were locked up in psychiatric hospitals, with hospitalization presenting a means to repress and silence dissidents (Van Voren, 2009). Inside psychiatric hospitals, anti-psychotic drugs were given as a punishment to those who expressed anti-communist views (Rechel *et al.*, 2014, p. 161). Government-supported psychiatrists propagated teachings that those holding political beliefs that differed from the state-sanctioned ideology were experiencing schizophrenia (Tomov *et al.*, 2007, p. 406). These practices led the World Psychiatric Association to condemn the Soviet Union in 1977, resulting in the USSR’s withdrawal in 1983 (Rechel *et al.*, 2014, p. 161).

1.1.2 *The fall of communism*

After the collapse of communism 25 years ago, the countries diverged, pursuing their own paths to development, including diverging approaches to reorganization and modernization of their mental health care systems (Krupchanka and Winkler, 2016).

The fall of communism in the late 1980s and early 1990s plunged much of eastern and central Europe into chaos. The collapse of communism resulted in profound system-wide changes, as the transition to a market-based economy produced economic crises throughout the region. Eager to modernize and solve the problems of the socialist economy, the countries of CEE embraced rapid-change “shock therapy” in transitioning to a market-based economy. This approach had serious social consequences: countries faced the rapid erosion of safety nets, hyper-inflation, deepening of poverty and unemployment, devaluation of wages, and a loss of human and social capital. A rejection of state intervention in the

economy produced sharp declines in industrial and agricultural output, with the region's countries seeing large decreases in industrial and agricultural output as well as GDP. As a result, the 1990s were considered a "lost decade" for economic growth in many countries of the region, as nations struggled to match their pre-1989 GDP levels.

Further fueling the chaos was widespread political and civil unrest, plunging many countries into war throughout the 1990s. Most consequential for the region was the drawn-out process of breakup and war of the SFR of Yugoslavia. The SFR Yugoslavia was a union of 8 federated entities, roughly divided along ethnic lines, which included 6 republics—Bosnia and Herzegovina, Croatia, Macedonia, Montenegro, Serbia and Slovenia—and 2 autonomous provinces within Serbia, Vojvodina and Kosovo. Throughout the 1980s, tensions began to build in Yugoslavia following the death of the country's president-for-life Josip Broz Tito, whose rule had unified the country.⁵ With the decline of communism, Yugoslavia's position as a strategic buffer between Western and Eastern Europe was mitigated, and the country began to experience economic crises.⁶ These conditions set the stage for rising calls for independence in some of the republics, as well as rising ethnic tensions, particularly between the ethnic Serbian majority and the ethnic Albanian and Croat minorities.

The slow disintegration of Yugoslavia began in 1991 when Croatia and Slovenia declared independence.⁷ Serbian president (and *de facto* leader of Yugoslavia) Slobodan Milošević strongly opposed the dissolution of Yugoslavia, as it would divide Serbs across state-lines. This opposition cumulated in armed conflict between the Serb-controlled People's Army of Yugoslavia, local Serbs, and Croat forces and resulted in North Atlantic Treaty Organization (NATO) and UN intervention. Ultimately, the war and partition in Croatia and Bosnia and Herzegovina between 1991 and 1995 resulted in hundreds of thousands of people being wounded, dead, or missing, and the displacement of more than 2 million others (WHO Regional Office for Europe, 2008). The human toll was accompanied by billions of dollars in damage to infrastructure and industry (WHO Regional Office for Europe, 2008). Eventually, Bosnia and

⁵Office of the Historian, Bureau of Public Affairs—United States Department of State.

⁶*Ibid.*

⁷*Ibid.*

Herzegovina, Croatia, Slovenia, and Macedonia gained independence, leaving just Serbia and Montenegro to compose the remaining Federal Republic of Yugoslavia.⁸ In the latter half of the 1990s, the simmering ethnic tensions in Kosovo escalated into full-scale war between the army of the Federal Republic of Yugoslavia (composed of Christian Serbs) and Muslim Kosovo Albanian forces. The conflict culminated in the 1999 NATO bombings of Yugoslavia following allegations of ethnic cleansing and systemic war crimes by the Yugoslav forces.⁹

The Kosovo War heavily impacted the CEE region as a whole, with over 2 million refugees fleeing Yugoslavia (Kamm, 1999). These humanitarian consequences further exacerbated the domestic unrest Albania, Bulgaria, and Romania were experiencing in the late 1990s over their own political and economic crises. Only Czechoslovakia escaped the turbulence of the 1990s relatively unscathed, experiencing a peaceful breakup (known as the “velvet divorce”) between the Czech Republic and Slovakia in 1993.

The crises of the 1990s had a severe impact on population health and the health systems of CEE. The economic crises experienced during the transition to market-based economies decimated the budget for health care, impacting both the ability of the state to provide basic care as well as to implement health policy reforms. Physical destruction also weakened the capacity of health systems. For example, the 1991–1992 civil unrest in Albania destroyed almost one quarter of health centers in cities and two thirds of health posts in small villages, while the resurgence of violence in 1997 and 1998 saw the widespread looting of drugs and equipment and some destruction of district hospitals, health centers, and public health departments.¹⁰ The turbulence of the 1990s also had a marked impact on the health of CEE’s population. Poverty and the deterioration of social safety nets, as well as the violence from civil war and political unrest, all impacted health outcomes, impacting life expectancy and increasing rates of alcohol consumption.

⁸ *Ibid.*

⁹ Kosovo Conflict. Encyclopedia Britannica. 16 November 2018. Retrieved from <https://www.britannica.com/event/Kosovo-conflict>.

¹⁰ Albania Reform. World Health Organization. N.d. Retrieved from https://www.who.int/mental_health/policy/en/Albania%20reform.pdf.

1.2. Central and Eastern Europe Today

Emerging from the turbulence of the 1990s, the countries of CEE have focused on economic growth, democratic engagement, and deepening ties with Western institutions and nations. Of particularly important consequence to the development of CEE has been the relationship between the European Union (EU) and the region’s nations. Ties with the EU have brought crucial financial assistance. The process of working toward EU membership has prompted CEE nations to undertake significant economic, political, and legal reforms in order to bring their legislation and policies—including mental health legislation and policies—into line with international standards.

While all nations have experienced development and reform in the 21st century, progress is uneven across CEE. This section describes the current economic and political status of the case-study nations.

Membership in Regional and International Institutions

	Organization for		
	European Union	Economic Cooperation and Development	North Atlantic Treaty Organization
Albania			Member (2009)
Bulgaria	Member (2007)		Member (2004)
Czech Republic	Member (2004)	Member (1995)	Member (1999)
Moldova			
Romania	Member (2007)		Member (2004)
Serbia			

Sources: Authors’ analysis of data from “EU member countries in brief” (https://europa.eu/european-union/about-eu/countries/member-countries_en), “List of OECD Member countries—Ratification of the Convention on the OECD” (<https://www.oecd.org/about/membersandpartners/list-oecd-member-countries.htm>), and “Member Countries” (https://www.nato.int/cps/em/natohq/topics_52044.htm).

1.2.1 Albania

Albania’s transition from communism has been challenging, facing issues of high unemployment, widespread corruption, dilapidated infrastructure, powerful organized crime networks, and combative political opponents (CIA, 2018a). The nation has experienced economic growth, but remains one of the poorest countries in Europe (CIA, 2018a). Albania has

developed ties with the West, joining NATO in 2009 and seeking EU membership (CIA, 2018a). Albania became an official candidate for accession to the EU in June 2014; however, the EU has twice rejected full membership (European Union, 2016a). The EU has questioned the credibility of Albania's democratic values, and has warned government leaders that judicial reforms must take place before accession negotiations could begin. The EU has also raised concerns over Albania's human rights, organized crime, corruption, and public administration (Hoxhaj, 2018).

1.2.2 Bulgaria

Bulgaria has seen slow but steady growth and development. From 2000 to 2008, Bulgaria experienced robust growth, but was deeply impacted by the global financial crisis due to its dependency on foreign demand for its exports (CIA, 2018b). Although growth has resumed, its per capita income remains one of the lowest among EU members and austerity measures have severely impacted the country (CIA, 2018b). Bulgaria joined the EU in 2007, despite deep EU concerns regarding the nation's corruption and weak judiciary. A key effort for the EU is to reduce Bulgaria's heavy reliance on energy imports from Russia, which the EU sees as a vulnerability (CIA, 2018b). Bulgaria has also been a member of NATO since 2004 (CIA, 2018b).

1.2.3 Czech Republic

The Czech Republic is the most highly developed of the CEE countries. It was the first nation in the region to stabilize its economy following the collapse of the Soviet Union, and has enjoyed relative peace and stability (CIA, 2018c). Today, the Czech Republic has an upper middle income economy that boasts one of the highest GDP growth rates and lowest unemployment levels in the EU (CIA, 2018c). Due to its economic success and political stability, Czechia was the first of the selected countries to join the EU during the 2004 enlargement as well as the first to join NATO in 1999, and is the only member of the Organisation for Economic Co-operation and Development (OECD) among the case study nations (CIA, 2018c).

1.2.4 *Moldova*

Moldova's progress since the 1990s has been slow and the country is the least-developed of the selected CEE nations. Communist Party rule did not cease until 2009, with politics subsequently being dominated by a 3 party pro-EU coalition (CIA, 2018d). Moldova remains Europe's poorest economy, depending primarily on agriculture (CIA, 2018d). Its economy has been weakened by corruption and scandal; most recently, the 2015 embezzlement of 750 million USD from the Moldovan Central Bank that sparked widespread outrage (Higgins, 2015).

Moldova is actively pursuing EU membership. The country signed and ratified an Association Agreement with the EU in 2014, which fully entered into force in July 2016 after ratification by all EU member states (European Union, 2016b). This agreement moves the country closer to EU membership by deepening economic and political ties between the two parties and committing Moldova to economic, judicial, and financial reforms to meet the EU standards for policies and legislation (European Union, 2016b). However, the country's poverty has continued to present an obstacle to membership, as does the Transnistrian dispute, concerning a self-proclaimed breakaway republic backed by the Russian government (Popescu and Litra, 2012). While not a NATO member, Moldova has been a member of NATO's Partnership for Peace (PfP) program since 1994,¹¹ which seeks to build trust between NATO and non-member Euro-Atlantic states, particularly former Soviet states.¹²

1.2.5 *Romania*

Romania enjoyed relatively high economic development throughout the 2000s. The country's development faced major setbacks during the global financial crisis in the late 2000s, and the country has depended on IMF assistance to stabilize its economy (CIA, 2018e). Romania's macroeconomic gains have only recently started to spur creation of a middle

¹¹North Atlantic Treaty Organization. Relations with the Republic of Moldova. NATO. 12 October 2018. Retrieved from https://www.nato.int/cps/en/natohq/topics_49727.htm.

¹²North Atlantic Treaty Organization. Partnership for Peace programme. 7 June 2017. Retrieved from https://www.nato.int/cps/en/natohq/topics_50349.htm.

class and to address the country's widespread poverty (CIA, 2018e). Corruption is rampant in Romania, and has been a large concern of the EU. The country has grown close to the West, joining NATO in 2004 and the EU in 2007 (CIA, 2018e). However, as of late 2018, fears have grown that Romania is backtracking on the democratic reforms it made since joining the EU, particularly in terms of anti-corruption (Gurzu, 2018).¹³

1.2.6 Serbia

In 2003, the Federal Republic of Yugoslavia became Serbia and Montenegro. In 2006, Montenegro seceded from the union (CIA, 2018f). Tensions between Serbia and the province of Kosovo have continued since the 1990s. In 2008, Kosovo declared its independence from Serbia, an action Serbia refuses to recognize (CIA, 2018f). International recognition of Kosovo independence is mixed, with 115 UN member states as of 2018 recognizing it as an independent nation (Bytyci, 2018). However, 23 of 28 EU member nations recognize Kosovo (Bytyci, 2018), and the EU has worked to create talks between Serbia and Kosovo, leading to the normalization of relations in 2013 with the Brussels Agreement (CIA, 2018f).

Economically, Serbia remains in transition—the economy is largely dominated by market forces, but the state sector remains significant in certain areas. International sanctions, civil war, and the destruction from NATO bombing in the 1990s significantly delayed Serbian growth—in 2015, Serbia's GDP was 27.5% lower than where it was in 1989 (CIA, 2018f). Today, high unemployment and stagnant household incomes are ongoing political and economic problems for the country (CIA, 2018f). Serbia is pursuing EU membership, and has been a candidate for membership since 2012; formal accession negotiations were opened in 2014 and the country is currently targeting membership in 2025 (CIA, 2018f). The nation has been a member of NATO PfP program since 2006 (CIA, 2018f).

¹³ European Commission. *Report from the Commission to the European Parliament and the Council: On Progress in Romania Under the Cooperation and Verification Mechanism*. Strasbourg: European Commission, 13 November 2018. Retrieved from https://ec.europa.eu/info/sites/info/files/progress-report-romania-2018-com-2018-com-2018-851_en.pdf.

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