
Letter from Moscow

A. S. Brown

The political and economic changes in Russia in the last five years have been enormous, however, Russian psychiatry remains isolated from the mainstream. This isolation started in the aftermath of allegations in the seventies about the misuse of psychiatry, and has been exacerbated by recent economic uncertainty. I was therefore interested to receive an invitation to stay with a Russian psychiatrist for a week in September 1994, to investigate the possibilities of research collaboration between the Institute of Clinical Psychiatry in Moscow and the Department of Psychiatry in Southampton.

The Institute of Clinical Psychiatry is a tertiary referral centre and both this and the First Moscow Psychiatric Hospital, which I also visited, are probably not representative of psychiatric units in the rest of the Federation. Both units were well decorated and comfortably furnished, but the atmosphere was reminiscent of a British psychiatric hospital of thirty years ago. The concept of the multi-disciplinary team has not cleared Russian immigration controls, the management structure was strongly hierarchical, and some members of staff were clearly uncomfortable about talking to a Western psychiatrist.

Treatment followed the medical model, with diagnosis based on ICD-9 criteria. The range of psychotropic drugs seemed similar to that in the West, though intravenous preparations were used in acute illness, and there was little use of depot medication. Physical treatments such as massage and herbal infusions were commonplace, however I did not see any use of psychological therapies.

The current economic difficulties have hit scientific research badly. Foreign travel and journals are prohibitively expensive, while most Russian journals have suspended publication.

This means that the only readily available academic material dates from the Soviet era. Most projects which I saw involved detailed descriptions of individual psychopathology. Work was closely supervised by the head of department, and reflected his ideas about research methodology. Instruments such as the Hamilton Depression Scale were in use but translations were not validated and the operators had not received formal training. I did not think that this work would satisfy current Western criteria on issues such as sampling methods and reliability of observations.

The psychiatrists I met were conscious of their isolation and keen to improve links with the West. I would strongly support moves to achieve this. The next generation of Russian psychiatrists need access to information, and experience of modern clinical practice to build a healthy Mental Health service. This process is likely to be frustrating as any visits require approval from the Russian bureaucracy. It will be expensive, and will also be dependent on the goodwill of figures from the old regime. I hope that we will be able to take a small step in this process by inviting a Russian psychiatrist to come and work in Southampton.

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