

Republic of Moldova: adolescent mental well-being – current situation and future trends

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Executive summary

The purpose of the study from the Republic of Moldova is to describe the current state of affairs in relation to mental health and well-being of teenagers and interventions that address their health and development needs.

The general objectives were to:

- estimate the social, psychological and demographic risk factors that influence teenagers' mental health and well-being, including their accessibility to services;
- describe the sociopolitical context of the problem and highlight the basic policies and strategies that promote adolescent mental well-being and reduce mental disorders among this population group; and
- develop recommendations to consolidate mental well-being among adolescents.

Results have been informed by the development of a range of projects by the National Scientific Applied Centre of Preventive Medicine and European Youth Exchange, including “Youth health and development” (2005), “Republic of Moldova demographic and health survey” (2005) and “Young people evaluate participation” (2004).

The study contains important data about teenagers' mental health and well-being in the Republic of Moldova and also about the sociopolitical situation, socioeconomic status of young people and level of social cohesion among young people. It also describes health sector approaches to adolescents' mental health, including policy and health promotion initiatives that identify a range of measures.

A section of the study provides examples of policies and interventions that promote teenagers' mental health and well-being at national and regional levels, based on recommendations made by European and national policy frameworks such as: the *Mental Health Action Plan for Europe and Mental Health Declaration for Europe*, both launched at the WHO European Ministerial Conference on Mental Health, Helsinki, January 2005; the *WHO European strategy for child and adolescent health and development*, approved by the WHO Regional Committee for Europe in September 2005; the Law on Psychiatric Assistance (nr.1402-XII); and the “National programme on mental health for 2007–2011”, approved by the Government in March 2007.

Health and health behaviours of adolescents

Almost one fifth (19%) of the population of the Republic of Moldova are teenagers (1), and children and young people comprise more than a quarter (28%) (1). Official statistics and recent studies underline a complex range of problems that affect the general health and developmental potential of teenagers in the society.

HIV infection is spread most commonly among young people, with teenagers (11–19 years) constituting 6.5% of the number of HIV-infected people (2).

Addictive behaviours of young people (drug abuse, smoking, alcohol misuse) constitute a medicosocial problem of increasing importance. Statistical data for 2001–2007 on drug use among young people aged 0–17 years are shown in Table 1.

Table 1

Drug misuse among adolescents in absolute numbers (3)
 Source: National Narcological Centre

Year	Drug addicted		Drug consumers	Total
	Adolescents	Children		
2001	54		259	313
2002	28	11	194	233
2003	18	18	226	262
2004	9		279	288
2005	14		293	307
2006	15		244	259
2007	12		161	173

Recent data suggest that half of young people started smoking before the age of 10 years. More than half of Moldovan adolescents (13–15-year-olds) have tried to smoke, and one seventh of them have remained smokers. These data show that the high rate of tobacco use among young people has not changed in recent years (4).

According to a National Scientific Applied Centre of Preventive Medicine survey, 30.1% of schoolchildren between 10 and 18 years consume alcohol (33.5% of boys and 27.3% of girls), including 3.3% who consume alcohol several times a week or daily, which means systematically (5).

An evaluation study of young people's knowledge, attitudes and practices with regard to their health and development showed that 22.8% of young people (age range 10–24 years) indicated that they had had sexual relationships, with the average age of first contact at 16 years (6). At the same time, only 8.3% of young people answered correctly all questions about ways of transmitting and preventing sexually transmitted infections and HIV (7). There is very limited use of protection methods among young people: only one third of young people who had sexual relations used a condom at each sexual act (8). As a result, young people face serious problems such as sexually transmitted infections and unwanted pregnancies.

Mental health of adolescents

According to statistical data, there were 26 active paediatric psychiatric outpatient departments in the Republic of Moldova on 1 January 2007, including six within the children's outpatients services of psychiatric hospitals and three psychotherapy clinics for children and adolescents in Chisinau. Thirty-six paediatric psychiatrists work within the children's dispensary of psychiatric hospitals in twenty regions of the country, with two children's departments with seventy-five beds and two community centres. Fifteen country regions and m.Balti do not have these specialists. Chisinau has a community centre ("Buiucani") and a centre for behaviour correction of children and adolescents in which psychologists, social assistants and speech therapists work.

There was an increased incidence of mental and behaviour disorders among young people under 18 years old between 2005 (485.6 per 100 000) and 2006 (602.86 per 100 000). Approximately 74.2% of the disorders were non-psychotic disturbances such as neuroses and organic cerebral and behaviour disorders. The prevalence of mental and behaviour disorders at the end of 2006 was 2404.23 per 100 000 young people, of which 1273.66 per 100 000 were non-psychotic disturbances. Teams of community-based psychologists, social assistants, speech therapists and psychiatrists are needed to provide services for the proportion of young people who do not have psychotic disturbances.

Table 2 shows the incidence and prevalence of mental and behaviour disorders among children under 18 years in 2006.

In 2006, 2811 disabled children were under the observation of paediatric psychiatrists (22.2% of the total). Of these, 329 children had a primary diagnosis of disability, most of them suffering from mental deficiency (also known as learning disabilities in some countries) (Table 3).

Table 2

Incidence and prevalence of mental and behaviour disorders among children under 18 years, Republic of Moldova, 2006 (9)

Type of indicator	Absolute cases	Indicator (per 100 000 young people)
Total incidence	5 102	602.86
Psychoses incidence	92	10.87
Non-psychoses incidence	3 787	447.48
Mental deficiency incidence	1 223	144.51
Total prevalence	20 347	2 404.23
Non-psychoses prevalence	10 779	1 273.66
Psychoses prevalence	496	58.61
Mental deficiency prevalence	9 072	1 071.96

Table 3

Disability of children and adolescents under 15 years with mental illness or incapacity (9)

Type of indicator	Absolute cases	Indicator (per 100 000)
Primary disability, new case (total)	329	46.35
Primary disability, schizophrenia – new case	7	0.99
Primary disability, mental deficiency – new case	212	29.87
Primary disability, epilepsy – new case	87	12.26
Indicator of patients with total incapacity grade	2 811	396.02

The disability status of children is determined before they are 15 years, and disabled adolescents between 16–18 years are included in adult statistics. For children with mental deficiency (learning disabilities), various rehabilitation projects based on progressive methods of social rehabilitation have been implemented, such as those in the Centre “Orfeu” (Swiss programme) and the Centre “Hope and health”.

Successful practice in this area includes:

- implementation of obligatory medical assistance through insurance of children aged 0–18 years;
- opening of 11 health centres for young people;
- development and approval in November 2005 of the national concept of friendly health services;
- development of activity guidelines for managers, consultants and volunteers in mental health services (including an “organizer’s guide”, a “consultant’s guide” and a “volunteer’s guide”);
- inauguration of the family planning consulting room within the national medical association “Buiucani” and women’s health centre in Camenca in September 2005 in Chisinau, with the support of the United Nations Population Fund (these offices will increase the quality of medical, counselling and information services delivered to the population, including young people and adolescents);
- registration of 31 types of community services during 2005 for older and disabled people and for children and young people experiencing problems;
- annual provision of social rehabilitation services for 44 children by the Centre “Hope and health” (175 children have visited this centre over the last six years, 75% of whom have been integrated into the mainstream education process);

- provision of a complex system of psychopedagogic assistance (entailing adequate social environment, positive interpersonal relations, a sense of security and psychological comfort for children with special education requirements); and
- the organization “Woman and child – protection and support”, which has become a leader in the field and has the important mission of solving social problems faced by women and children.

Social and policy context

The transformational processes initiated in the Republic of Moldova in the early 1990s have been affected by a prolonged economic crisis and significant social problems. GDP for 2005 was US\$ 812 per capita, but there were also crises in relation to family values with increasing family disintegration and higher numbers of homeless children whose parents had emigrated.

Various social and economic factors pose risk factors to the mental health and well-being of teenagers. These include emigration and poverty. In the Republic of Moldova, as in other post-Soviet countries, the emigration of the labour force phenomenon had a substantial negative influence not only on the growth of the population, but also on the social and economic structure of society. Seventeen per cent of families from the Republic of Moldova have at least one family member who has emigrated (10). More than 42% of emigrants (men and women) have left children in the Republic of Moldova. About 37% of emigrants in urban areas and 45% in rural areas have left at least one child at home (10).

The data on poverty among children are also alarming, as Table 4 demonstrates (11).

Table 4

Percentage of Child poverty rate compared to adults and total population, 2006
Source: *Child poverty in the Republic of Moldova* (11)

Environment	Children (0–17)		Adults (over 18)		Total population	
	Absolute poverty	Extreme poverty	Absolute poverty	Extreme poverty	Absolute poverty	Extreme poverty
Cities	21.6	4.5	20.3	3.2	20.6	3.5
Towns	30.2	5.8	30.0	4.7	30.1	5.0
Villages	37.0	5.5	33.0	4.4	34.1	4.7
Total	32.8	5.4	29.3	4.2	30.2	4.5

According to statistical data presented by the international centre “La Strada”, approximately 25% of assisted human traffic victims are persons under the age of 18. The disorders that appear in children after being trafficked leave a mark on their system of values and on their physical and psychological development. The trauma they suffer generates personality changes that may lead to the development of antisocial behaviour and consequent social exclusion. Besides direct influences, this traumatic situation may also have long-lasting indirect consequences that will influence the child’s entire life, putting in place the preconditions for the development of difficult relationships with family members.

Children’s rights are recognized in national legislation, strategies and programmes developed by the Moldovan Government in relation to the protection of children and families. The law concerning young people has been in place since 1999, and the government approved the “Strategy for youth” in February 2004, which contains a concrete action plan for implementation between 2004 and 2006. According to this plan, the Ministry of Health has responsibility for developing accessible services for young people within the framework of existing medical institutions. The legislative framework for children’s social protection is regulated by the Social Assistance Law, which was approved in 2003.

To implement Moldovan Government Decision nr.1514 of 22 December 2003 regarding the “Strategy for youth”, the Ministry of Health approved an action plan (Order nr. 22 of 20 January 2004) that includes the following provisions:

- the creation and development of accessible and young person-friendly services for young people through the reorientation of family planning consulting-room activities;

- the development of public systems of information and education for young people to prevent HIV/AIDS, sexually transmitted infections, drug and alcohol misuse, violence and human trafficking;
- training on health education and family planning issues for family doctors, teachers and young people;
- contributions to preparing supportive methodological materials for teachers and informative materials for children; and
- cooperation between medical institutions, international organizations and NGOs to increase awareness among the population (especially young people) of the consequences of human trafficking.

Strategies and interventions to improve the mental health of children and adolescents

Mental health strategies are aimed at creating a community-centre network and governmental and nongovernmental services for children and adolescents. NGOs commonly lack finance because of short-term fundraising, so it is necessary to create an infrastructure for well-organized and financially assured support to develop mental health policy for adolescents.

In this respect, with the support of international organizations such as UNICEF and WHO, the Ministry of Health developed the “National health policy” (approved through Moldovan Governmental Decision nr. 886 of 6 August 2007) and the “Long-term strategy for health system development”. These documents provide strategic direction for adolescent mental health services and will assure their sustainability. The legislative framework will also be adjusted to reflect WHO’s recommendations and European standards.

The “National programme on mental health for 2007–2011”, approved by the government, has been developed according to the *Mental Health Action Plan for Europe (12)* and the *Mental Health Declaration for Europe*, both presented at the WHO European Ministerial Conference on Mental Health in Helsinki, January 2005, and also the *WHO European strategy for adolescent and child health and development, (13)* adopted by the WHO European Regional Committee in September 2005.

The “National programme on mental health for 2007–2011”, based on human (child) rights, provides direction for achieving reductions in morbidity, mortality and incapacity from mental disorders and for gaining increases in the accessibility and efficiency of psychiatric assistance and family integration. It also provides for training and specialization of personnel in the field in connection with other systems such as:

- the general medical system
- university education and scientific research
- the education system
- correction and prevention institutes for antisocial behaviour
- the mass media
- the social community system
- the social protection system and patients’ rights protection.

The creation of a community services network across the whole country is also one of the national programme priorities. Community centres for mental health (CCMH) are public institutions with a medicopsychosocial profile that offer a range of therapies and interventions for people with mental health problems and their families, regardless of age. The main purpose of CCMH is to assure the provision of preventative, diagnostic, health promoting, rehabilitative and protective interventions for patients with mental health problems.

Lessons learned

Barriers and obstacles in improving adolescent mental health and well-being include:

- imperfect database and information systems in the field

- existing stereotypes leading to social stigma of mental health problems
- the problem of human resources.

Outcomes of existing measures and further opportunities include:

- advocating for increased action to address mental disorders and the promotion of mental well-being among adolescents;
- organizing educational and awareness measures for the population to prevent mental health problems among children and adolescents;
- personnel training in the field;
- developing friendly mental health services for young people, including deinstitutionalization and social inclusion of children with mental health problems;
- strengthening the psychosocial rehabilitation of adolescents with post-traumatic stress and depressive disorders as well as behavioural problems;
- implementing monitoring and data-collecting programmes, including the development of an epidemiological case study on adolescent mental disorders in three areas in the country to identify measures to be undertaken;
- assessing the well-being and mental health among adolescents who are left by their emigrant parents to plan necessary measures to improve their condition; and
- embedding the position of psychologist in hospitals and education institutions.

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