Neoliberal Transitions in Ukraine: The View from Psychiatry

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"The more patients you have in the hospital the more funds are provided from the budget. On the other hand, the state is carrying out a directed and well planned campaign of genocide against psychiatric patients. Ukraine promised us free healthcare, but we do not receive it." (Izvestia.com.ua. HRPP President, June 2008)

This paper will explore how mental health reforms in Ukraine—specifically the push for community mental health services—are playing out on the ground through provider and patient perspectives. I focus especially on the human rights discourse that is often utilized by mental health activists as a way to package these issues. I argue that the international agenda promoted in Ukraine, which pushes for western neoliberal-based political and economic reforms, has produced cultural and structural discrepancies and tensions which can be seen in the mental health field. Amid these cultural and structural changes, moreover, the neoliberal agenda forces Ukrainians to replace deeply rooted cultural tenants shaped by socialism with those of western capitalism. Human rights discourse has been adopted by a non-governmental organization (NGO) called "Human Rights for Psychiatric Patients" or HRPP, as a way to mediate these processes of cultural change induced by transformations in political economy. I use psychiatry and mental health as a window into this struggle.

My analysis is based on anthropological fieldwork conducted from June 2008 through January 2010 with HRPP, an organization whose goal is to advocate for those who utilize psychiatric services. This organization facilitated my research by allowing me to observe their everyday activities, most of which took place on the psychiatric hospital grounds where they ran a rehabilitation clinic and where their main office was housed. I attended press conferences, meetings with patients in need of legal help, lectures for young psychiatrists, dances for the patients, and other social events. These activities allowed me to gain rapport and subsequently conduct interviews with psychiatrists, patients, advocates, and patient's families, and to engage people in focus groups.[1] Much of my research was located in a psycho-neurological hospital in South Central Ukraine, although some research was also conducted in the capital city of Kyiv at a rehabilitation center that focuses on art therapy. According to the head psychiatrist, the psycho-neurological hospital houses one thousand beds for both adults and children. Two hundred fifty-five of those beds are for general neurology and sixty beds are for neurosurgery.

In this chapter, I discuss the current state of psychiatry in Ukraine as the country transitions from a socialist framework to one deeply influenced by neoliberalism. I ground my discussion in the Soviet history of psychiatry and mental health care. Drawing on my original interview data and fieldwork observations, I show how changes in these service provisions interface with the cultural transition at work, and how the use of human rights discourse itself registers a cultural shift – a move away from the 'collective' and a move towards the importance of the individual.

Psychiatric Care in Contemporary Ukraine

The current Ukrainian system of health care is state funded and hospital based. While private clinics exist and are numerous in the capital city of Kyiv, I could locate only one such clinic in the city where the majority of my fieldwork took place. This clinic provided a small range of services for a fee in addition to lab work (analysis of blood and urine, for example); however, no psychiatric services were available. For healthcare, there are five main hospitals which service individuals depending on where they live (zoned by address), in addition to several smaller district (*rayon*) hospitals which provide more limited medical services and are scaled down to basic and emergency care. Psychiatric care, however, is mainly found in the one large county (*oblast*) psycho-neurological hospital, although there is a much smaller inpatient clinic located on the outskirts of town. Additionally, I was told that there are psychologists practicing privately, but I was not able to interview anyone from this profession. Most of my research was conducted in the large county (*oblast*) psycho-neurological hospital. HRPP's main office was also located here, inside a rehabilitation clinic located on the hospital campus.

While the constitution proscribes healthcare as universally free to its citizens, in reality many patients have to pay for services due to insufficient hospital budgets. While this model provides a basic level of universal healthcare, mental health treatment remains largely limited to inpatient treatment in state psychiatric hospitals. Additionally, while mental illness the world over is usually associated with differing levels of stigma and discrimination, Ukraine has inherited a psychiatric system overshadowed by particularly disturbing legacies from the Soviet Union, where psychiatric diagnoses and confinement were used as forms of political repression (Korolenko and Kensin 2002; Lindy and Lifton 2001; Ougrin et al. 2006; Van Voren 2002).

State institutions in Ukraine often lack adequate funding and may be poorly managed, and patients may be physically, psychologically, and financially abused (Ougrin et. al. 2006). Policymakers, practitioners, activists, and patients alike have been working on reforming the mental health system since the country's independence in 1991, and there is currently a general trend to move away from socialized health care models. This is true not just for psychiatric care, but for health care in general, as the Ukrainian Ministry of Health promotes "reforms that emulate the Western European model of health care ideology, delivery, and financing" (Bazylevych 2009). This also entails a push to dismantle and privatize centralized state institutions. According to the WHO, by the end of 2000 about 78% of health care services were provided by publicly owned health facilities, while about 22% of health care services were provided by private individuals and legal entities registered to practice medicine independently (Lekhan et al. 2004:20). However, these private clinics are small scale and only provide services for non-life threatening conditions. Private clinics are virtually non-existent for mental health care.

Specific reforms in mental health that have been realized include the creation of a national policy on psychiatric care called the "Law of Psychiatric Care," enacted in 2001 (Renaissance Foundation 2005), and the "Mental Health Declaration and Action Plan" to which Ukraine committed at the WHO European Ministerial Conference in Helsinki in 2005 (Zdorovye Ukraini 2005). This declaration outlines a plan of action for mental health reform all over Europe, including Ukraine. Other changes are also being initiated from outside of Ukraine through funding allocated by organizations such as USAID, World Health Organization, and U.S. federal funding aimed at strengthening civic society. Monies from these organizations are being allocated to NGOs to promote change and reform from within. Like many other newly

independent nations around the world, Ukraine engaged in Structural Adjustment Programs (SAPs) to receive funding from the International Monetary Fund (IMF) and World Bank. These programs reflected neoliberal policies which promoted a particular set of requirements that countries had to meet in order to sustain funding. In exchange for loans, governments are required to reduce public spending on education, health care, and other social services (Kottak 2007:254). The premise behind these polices and requirements is that open international trade free of tariffs and barriers (deregulation) will lead to economic growth which will "trickle down" to everyone (Kottak 2007:254). Neoliberalism explicitly promotes what is called "developed capitalism" along with its assumed sociopolitical concomitants such as civil liberties and democratic institutions (Liu 2003:2). Policies reflecting the neoliberal agenda in Ukraine often promote "civil society and development" (Phillips (2005a:502) and "strategies to instill initiative, independence, and Western-style individualism" (Phillips 2005b:254), in addition to privatization.

One major focus in the reform of the Ukrainian mental health system thus far has been the push to move from institutional to community-based treatment (which exists only in theory at this point), in addition to the push to incorporate insurance-based care, and the adoption of the U.S. – modeled International Classification of Diseases [ICD-10]. All these reforms are modeled on Western-based systems of mental health care found in much of Europe and the U.S. today. In Ukraine, these transitions are problematic and fraught with discrepancies – not only structurally, but also culturally.

Many Ukrainians that I met continue to live with Soviet hegemonic identity and ideology, while at the same time negotiating their own and others' changing social identities. For example, one of the philosophical and cultural underpinnings of the former Soviet system compared to that of capitalism is the emphasis on the "collective" vs. the "individual" and the relationship of the state to both. Catherine Wanner (2005:519) explains that "in capitalist societies, market competition renders certain individuals, professions, and industries redundant;" however, the "impoverished are held individually accountable for their failures." In the Soviet Union, "the state was the engine of social suffering and downward mobility for some and upward mobility for others. Status, wealth, and privilege potentially revealed more about an individuals' relationship to state authorities than about his or her abilities and achievements" (Wanner 2005:519). As a result "privileged consumption" (Wanner 2005:520) took on immoral connotations. Today, Ukraine's transition to economic practices which favor neoliberal market economies are resulting in the unequal accumulation and consumption of wealth – all of which continue to be seen as immoral. As Caroline Humphrey and Ruth Mandel (2002:1) put it, "Ten years on, having survived Western market-oriented 'shock therapy,' taken on IMF and World Bank loans, and entered the global marketplace, the postsocialist societies still struggle to come to terms with the clash between deeply ingrained moralities and the daily pressures, opportunities and inequalities posed by market penetration."

I believe that Soviet hegemonic identity and ideology is in conflict with Western Capitalist ideology – therefore these reforms are not and will not have the same result as they might in the West. Katherine Verdery (1996) writes that there are "hidden costs to establishing new nation states" and that "privatization, markets, civil society, and so on are objects … saturated with ideological significance, and that we should not mindlessly reinforce them, but question them" (10). I will look specifically at two areas where the cultural meanings of socialism and capitalism collide: ideology as to where (or with whom) the responsibility for health lies (the individual or the State; and the paternalistic approach psychiatrists often take

towards their patients. I will discuss infrastructure and funding as two structural dilemmas that illustrate the difficulties faced by the mental health field in the transition from socialism.

As Nicola Pratt (2007) suggests, without a counter-hegemonic *cultural* project, authoritarianism will only transition towards a "grey zone." In other words, structural changes such as democratic elections, strengthened civil society, and the free market model are not enough to ensure a thorough transition away from an authoritarian political and socio-cultural environment. Similarly, Verdery (1999) points out that postsocialist changes are more than just "shock therapy, writing constitutions, election-management consulting, [and] training people in new ways of bookkeeping" (34). It involves reorganization on a cosmic scale, and the redefinition of virtually everything, "including morality, social relations, and basic meanings…a reordering of people's entire meaningful worlds" (34-35). In terms of mental health care, many psychiatrists were trained under the Soviet model, during which the mentally ill were granted few rights. Additionally, the Soviet psychiatric facilities routinely hospitalized political dissidents by labeling them as having psychiatric problems (Ougrin et al. 2006:458). As a result, stigma, discrimination and social exclusion of those with mental illness are still very rampant. To understand why neoliberal reforms in Ukraine are problematic, it is important to review the history of the psychiatric hospital for a better understanding of the way mental health was politically and culturally configured under Soviet rule.

The Politicization of Psychiatry

Before the Bolshevik Revolution of 1917, psychiatry in Russia was focused on individual psychotherapy and psychoanalytical counseling. Freudian approaches were well respected (Yakushko 2005:161), and many psychiatrists were trained in Europe, particularly Germany (Korolenko and Kensin 2002:51). However, things changed drastically in the 1930s with Stalin's influence. Stalin felt that psychoanalysis was hostile to the system and, as a result, anyone practicing it was considered too idealistic, prompting an official ban (Korolenko and Kensin 2002:54). Stalin associated mental disorders with the capitalist-oriented West, where certain social conditions (allegedly absent in socialist society) allowed for "abnormal, unfavorable, and destructive conditions" (Korolenko and Kensin 2002:55). Additionally, anyone caught practicing psychoanalysis was considered reactionary (Yakushko 2005:162). Because Stalin sought to establish that his regime was superior to all others and served the needs of the populace, he promoted the idea that mental illness and drug addiction – regarded as arising from the stresses of capitalism – were not possible under Soviet rule. Drawing on state-controlled medical studies, he sought the support of pseudo-statistics to prove his point, while his policy further encouraged falsification of data by researchers who feared becoming labeled political dissidents themselves (Korolenko and Kensin 2002). Psychiatry, however, was still practiced in the Soviet Union, but became both medicalized and politicized as it was broadened to include social dissidents who resisted state authority. People deemed mentally or socially unfit were placed in prison-like mental institutions (Yakushko 2005:162). According to the psychiatrists I spoke with, psychoanalysis, or talk therapy is now practiced in Ukraine; however, I was unable to interview anyone in this field.

The Soviet diagnostic system placed a heavy emphasis on schizophrenia and was developed in the 1960s by Andrei Snezhnevsky, the founder of the very prestigious Moscow School of Psychiatry, which held a monopoly over research and training of psychiatrists (Polubinskaya 2000; Reich 1991; van Voren 2009). As Reich (1991) writes, "By the middle and

late 1970s the hegemony of the Moscow School in the realm of psychiatric theory and practice, particularly diagnostic theory and practice, was almost complete: it was clearly the dominant force in Soviet psychiatry, and its diagnostic system was the standard Soviet approach to the diagnosis of mental illness" (105).

The most common diagnosis associated with Snezhnevsky during Leonid Brezhnev's time (1964-1982) was "paranoia" or "sluggish schizophrenia" (Ougrin et al. 2006:458, van Voren 2009), with symptoms that included "struggling for the truth," "perseverance," "reformist ideas," and "a willingness to go against the grain" (van Voren 2002:132). Here "psychiatry was used as a tool for the elimination of political opponents or 'dissidents' and therefore "every kind of behavior that did not coincide with socially approved patterns could be attributed a psychopathological meaning" (Korolenko and Kensin 2002:59). To explain how the psychiatric community supported this logic, Robert van Voren (2002) writes that Soviet psychiatrists were alienated from the world outside the Soviet Union, and were trained to think that private initiative, independent thinking, and going against the grain were negative traits. Despite this prevalent logic, some psychiatrists spoke out against these practices and were sometimes hospitalized themselves as dissidents (van Voren 2010).

Psychiatry was predominately defined as a biomedical discipline, where psychiatrists tried to emulate somatic medicine (Korolenko and Kensin 2002:57). Significantly, this meant that the role of social and psychological factors in diagnosing and treatment were absent. Training of psychiatrists focused on teaching how to "single out signs of psychopathology" (Korolenko and Kensin 2002:56). As a result, "diverse psychological phenomena were interpreted as psychopathological signs and utilized in the construction of diagnosis of a mental illness" (Korolenko and Kensin 2002:56). For example, if a patient said he disliked a relative, the psychiatrist considered this proof of an inappropriate emotional reaction, the core syndrome of schizophrenia (Korolenko and Kensin 2002:56). According to this logic, psychiatrists were compelled to understand that resistance to the Soviet state – in which the state was viewed as a benevolent father – was a sign of mental illness. Therefore psychiatrists used psychobiological treatments for political dissidence and routinely abused citizens regarded as dissidents through physical, pharmacological, and psychological means. The only "cure" for such a patient was to publicly denounce their anti-Soviet views (Ougrin et al. 2006:457). As a result, doctor-patient relationships were often adversarial ones, and psychiatrists believed that patients tried to hide their symptoms or signs of illness. Thus it was up to the psychiatrist to unravel these hidden signs through tactics reminiscent of police investigations (Korolenko and Kensin 2002:56).

In the 1960s, the psychiatric establishment in the U.S. and Western Europe began to learn of the abuses of psychiatry in the Soviet Union. As a result, the World Psychiatric Association (WPA), an international organization that set forth an ethical code of conduct for psychiatrists worldwide, repeatedly denounced the political abuse of psychiatry, and instead of risking expulsion, the Soviet Union suspended its membership in the WPA (Ougrin et al. 2006: 457). In 1982, possibly in reaction to international pressure and to give the impression that Soviet psychiatry was no different from Western European psychiatry, the *International Classification of Diseases,* edition 9, 1977 (ICD-9) was adopted. However, it was altered to fit the Soviet framework and therefore was not the same diagnostic manual that the rest of Europe used: key terminology was changed and there was a heavy emphasis on schizophrenia as a diagnosis where no other diagnosis was determined (Korolenko and Kensin 2002:60).

Despite the adoption of the altered ICD-9, psychiatric abuse persisted, albeit at a reduced rate, and in 1989 and 1991 the "Bureau of Human Rights of the US Department of State and the

WPA were allowed to visit the USSR" (Ougrin et al. 2006: 458). In 1985, the policy projects of *perestroika*[2] and *glasnost*[3] aimed to restructure and democratize the Soviet Union in addition to promoting more freedom of information and speech. According to the president of the NGO that I worked with in Ukraine, these did have somewhat of a positive effect on the psychiatric hospitals because the openness created more transparency – people began to speak more freely about abuses. However this was short lived; with Ukraine's independence came many hardships.

All of the people I interviewed remembered Ukraine's independence in 1991, along with the hope and turbulence that came with it. The HRPP president described much economic hardship. Hospitals were severely underfunded at this time; they were unable to provide adequate care or medications to their patients. He described the early years of independence as having "no money, no funding, no money for medications" with 1998 being the climax of the economic crisis. He explained that in 1998 there was an "internal social explosion among patients," in which patients began to organize against the extreme hardships. This is when his organization, HRPP, was born. The struggles that the patients endured were greatly influenced by neoliberalism. In the early days of independence there was hyperinflation with the ruble and "miserable economic failure" (Åslund 2009:246). This was followed by the introduction of the *hryvnia* (Ukrainian currency) in September 1996, resulting in deregulated prices and trading, (Åslund 2009:246-250) in addition to the privatization of business and property or "shock therapy." This sustained economic crisis lasting a little less than a decade also negatively impacted people's physical and mental health, and life expectancy (Lekhan et al. 2004:6).

From the Hospital to the Community: Transitioning to a Neoliberal Model

During Soviet times, the effectiveness of the health care system (along with funding) was measured by the number of "beds" and "physicians" – a focus that some believe sacrifices quality for quantity (Lekhan et al. 2004: 15). Mental health reformers that I met in Ukraine, for example psychiatrists from the Ukrainian Psychiatric Association, have been pushing for more outpatient services. Their goal is to allow patients to return to society and live at home instead of at the "psychiatric boarding schools" called *internati*. This process, known the world over as "de-institutionalization," was pioneered by the U.S. in the 1970s and imitated, with varying degrees of success, in many countries mostly in Western Europe, North America and Australia/New Zealand (Fakhoury et al. 2002). De-institutionalization in these countries would not have been possible without advances that were made in medications for the treatment of mental illness. With medications, the mentally ill in these countries were no longer considered to be a threat to society.

There are, however, issues with de-institutionalization in the U.S. that need to be considered. De-institutionalization is fraught with many discrepancies as it is linked to the neoliberal agenda through its larger project to de-fund public sector services and move towards privatized care. For example, in my own Master's thesis research on community mental health centers in Tampa, Florida, I found there to be a large gap in mental health services that can be linked back to inadequate funding. This lack of funding affects cost, availability, quality, and quantity of services (Yankovskyy 2005:69). Also, because of the limited funding, much of the mental health budgets are geared towards "emergency stabilization," as opposed to preventive care (Yankovskyy 2005:68). De-institutionalization, no matter where it is implemented, is by no means a "perfect" solution.

In the following sections I will address a few cultural and practical issues that arise in the field of mental health care that are associated with transition from socialism and the influence of neoliberal arrangements.

The Paternalistic Approach

Transitioning to community-based care may, in theory, sound like it could help improve the quality of care for those who seek help at state-funded psychiatric hospitals. Moreover, general reforms in healthcare are having positive effects, evidenced in part by the view of the head of a psychiatric hospital who noted that since the fall of the Soviet Union more people are turning towards psychiatry as opposed to folk medicine, or no treatment at all. The head of a women's inpatient ward described how she has much more freedom to speak with patients about everyday issues that were frowned upon before Ukraine's independence. She also explained that even our interview would have not been possible during Soviet times because of the fear of outsiders, especially American outsiders, and the fear of being labeled a dissident. A disability specialist described how, during Soviet times, "invalids" (a term used for people with many types of disability, including mental illness) living on collective farms would receive no compensation or help. However, after 1991 this all changed; everyone, regardless of their position – from *intelligentsia* and collective farm workers to factory workers – could then receive the status of disability. Depending on the level of disability, this status would include monthly payments (a living stipend), free medications, and bus passes for example. A social worker (who is also a patient) from the rehabilitation center in Kyiv, says that there was also a policy to deny those on collective farms passports (the only acceptable form of identification so that one could travel within and outside of the country), which was intended to prevent these workers from leaving the country or the collective farm.

At the same time, however, many practitioners felt that the country was not ready to transition to community-based services. The head of the psychiatric hospital, and the head psychiatrist of a women's inpatient ward, both felt that Ukrainians were not "mentally ready," and that a wider change in people's attitudes towards psychiatry must happen first. This points to how the overall transition from the Soviet system to a postsocialist, or even neoliberal arrangement, requires a remaking of cultural orientations as much as structural and policy changes. This reluctance by the hospital staff to the transition to outpatient care stems from their opinion that the population in general does not know what to do with family, friends, or neighbors who have a mental illness, and even if they do, they usually do not have the resources to help. They are especially concerned about the abuse of mentally ill patients they observed at the hands of family members, neighbors, police, and the state, as well as problems patients have in accessing quality medications. The lack of infrastructure that would make community-based care possible is also a major concern.

As a result, the hospital staff I interviewed often took a paternalistic and materialistic attitude towards their patients. In other words, if we (psychiatrists or hospitals) don't take care of them (the patients) no one will – because society at large has no compassion, understanding, or the financial ability to do so. This paternalistic attitude by psychiatrists towards their patients was also noted by Polubinskaya (2000:108), who states that this attitude needs to move towards partnership between providers and patients. The head psychiatrist of the rehabilitation center run by HRPP suggested that the need for a change in attitude towards patients is known, but is difficult, especially for older psychiatrists, to follow. She says that in Soviet times, the doctors

and the patients' relatives would make the decision whether the patient was institutionalized or not; the patient was never involved in the decision. Now, however, "we think of the patient-doctor relationship as a partnership, but it took time for me and my colleagues to realize this."

The views of mental health care providers are therefore significant as they highlight how the tension of transition from the Soviet system to neoliberal models is registered at the practical level of service provisions. Their own paternalistic orientation echoes that of the Soviet system, and their reflections on the lack of "mental readiness" of Ukrainians highlights how socio-cultural dynamics remain largely embedded in an earlier era of psychiatry as a mode through which repression was exercised and experienced.

Who's Responsible for Health?

Healthcare in Ukraine has been free for almost a century and was historically framed as a "human right" (Bazylevych 2009:67). As such, the responsibility for health was never in the hands of the individual or private providers but rather the state. The current reforms, however, are shifting this responsibility away from the state and onto the individual, and by extension, the family and community. Bazylevych (2009) has noted that the Ukrainian state administration, under President Yushchenko, emphasized "the responsibility of the individual and urge[d] Ukrainians to protect their health through… a healthier lifestyle… seeking out health insurance opportunities… and making more sensible use of the existing health care resources" (68). On the other hand, there is also the public discourse that stresses "the responsibility for the nation's health on the Constitutional promises and the state's failure to meet them" (Bazylevych 2009:68). This shift from the state to individual responsibility is a cultural dimension of the transition to neoliberalism and was not widely embraced by those I interviewed. Despite the way that a focus on "individual responsibility" differs from the Soviet approach, this transition actually seems to cement the paternalistic approach that psychiatrists often take towards their patients, thus demonstrating the contradictions that arise in such moments of transition. One psychiatrist, the head of a woman's ward, stated: "Many people refuse to take meds regularly because people think that if they feel better they don't need to take any more meds. It's an old Soviet mentality, *I'm not responsible for my health, let someone else be responsible.*" The HRPP president voiced similar concerns regarding patients, noting that: "The mentality of people still has a long way to go. People are scared… they get used to their disease and start forgetting about their own responsibilities… [It is a form of] self-victimization."

The views of these mental health care providers illuminate how mental health, and approaches to treating it, are as much questions of culture and the construction of personhood and the self, as they are questions of policy, practice, and provision. Significantly, health care providers are themselves implicated in these cultural transitions.

Infrastructure and Funding: Structural Discrepancies and Tensions

I will now shift my discussion away from cultural issues and focus on a few structural dilemmas associated with the transition from socialism (specifically infrastructure and funding), and how psychiatric care in contemporary Ukraine is not equipped to meet the transitions required by neoliberalism. When it comes to the psychiatric hospital in particular, transitioning to fee-for-service or insurance-based care seems an almost impossible task. Before a transition such as this could take place, there

needs to be infrastructure such as community-based services and support systems for patients. While there have been reforms for patients (such as the Law on Psychiatric Care) since Ukraine's independence that have had a positive impact, much work is still needed.

Lack of Community Infrastructure

For Ukraine, transitioning from a hospital-based system to community-based care, in simple terms, has translated into cutting the number of beds each ward offers, with the idea that the money that would have been allocated for that bed in the psychiatric hospital would be redirected to the community. However, there are no "community" services available, so despite reformers' best efforts, because of the lack of community infrastructure, or even a physical structure, this care (or money for care) is simply disappearing. For example, in the villages away from the city centers there often are no services to be found for psychiatric care – patients must be transported into the city centers where the psychiatric hospital is located. While those who have been given the status of "mentally disabled" do receive free bus and trolley transportation, these services are not offered in the villages. As far as medications, even if a village has a pharmacy, one cannot be guaranteed that his/her medicine will be available, or that the patient can even afford it. The head psychiatrist of the rehabilitation center (which is located on the psychiatric hospital campus, is run by HRPP and houses HRPP's main office), describes this predicament: "Here you have access to a psychiatrist if you live in a city, they [patients] get the service they need, but what if you live in the country? It is too far from any kind of town. So the patient cannot get any services. So the patients are left to themselves and their relatives."

As a result, patients that live outside of the city often only arrive at the psychiatric hospital once they have suffered a crisis (as opposed to preventative care), which results in lengthy hospitals stays for stabilization and rehabilitation. Patients who do make it to the hospital often regard their time "in-patient" as a way to "get away." There was much abuse reported at home; for example, families taking disability payments or selling the patient's possessions, and physical abuse from the patient's spouse and families. Some patients and psychiatrists see this abuse as acts of desperation on the part of the family members who are financially burdened. Many are unable to find jobs and, if and when they do, the pay is low and unreliable.

Lack of Funding

The psychiatric hospital during the Soviet Union did have many problems, as I have pointed out; however, funding was not typically one of them. The head of the rehabilitation clinic described the psychiatric hospital of the past as a "self-sustaining community," where everyone's needs were looked after. The patients could work for some income, they were fed, and they learned viable trades. She went on to explain that, with Ukraine's independence, came new reforms that resulted in many improvements for patients, but also confusion. Before Ukraine's independence, she explained, the rehabilitation clinic itself was a great source of income for the hospital and for patients, who made artificial flowers, including wreaths for funerals and parades, and sold their goods at a store in the mall; due to new laws regarding "labor therapy," patients can no longer "sell" the products of their labor. This has resulted in a lack of funding and lack of activities for patients. The head of the rehab clinic continued:

> There used to be more outpatient people, because they used to get a small compensation (salary) for their work, it was a very small amount but it still helped them out, even just a bit. The craft shops were on a self-sustaining basis (*hozraschet),* a form of management that existed in the old days. And now we only feed patients that are inpatient, and the outpatient ones … we can't even get them some tea or a piece of bread because we do not have the resources, as it is rationed only per amount of patients that are registered as inpatient.

A patient I interviewed who was dealing with the death of her husband felt that many people do not need to be in the hospital. At the time of her interview she had been living in the hospital for more than six months. She stated, "There are plenty of people that need to be discharged. There are people here that could be doing things to help out around the hospital but they just sit and eat and that is it." The head of the rehabilitation clinic explained how different rehabilitation activities are now managed, and how some things that have been changed due to reforms probably didn't need to be changed, because they were advantageous for the patients and the hospital. For example, teaching the patients a viable trade:

> Another thing is that the shops were independent, and did not fall under the management of the hospital. Now the shops are under the management of the hospital. In 2000 the staffing was changed due to a new law that has changed all that. According to the new law, the technical instructors that used to be personnel with technical education, now they were assigned to the nurses, the personnel with medical education. And I am sorry but not every nurse can put a thread through a needle more or less to make a new mattress. So you have this dilemma: do you teach the nurse to sew or to train in the medical field?

Both of these issues regarding lack of infrastructure to support community-based care and lack of funding point back to the transition from socialism to neoliberal capitalism. On the one hand, the law that prohibits hospitals from forcing "labor therapy" protects the individual so that they cannot be taken advantage of by making them work for the profit of the hospital. However, this limits the financial freedom of the psychiatric hospital (and patients) because, without the income yielded by this labor, they are limited in their ability to provide for the patients. While I have classified this as a structural problem, the notion of funding can also be linked to a cultural shift, from the collective to the individual – and hence from economic rights (such as the right to work) to civil and individual liberties and political freedoms (Lambelet 1989:76). Here we can see how the philosophical and cultural underpinnings of the former Soviet System is in direct contridiction to the philopsohical and cultural underpinnings of Capitalism. These dilemas are being critiqued and mediated in the mental health field through the use of human rights discourse. I will now discuss the role of HRPP and their use of human rights discourse.

"Human Rights" and the Role of Non-governmental Organizations

HRPP is a local, patient-run NGO. The role they play in the lives of patients and families across all of Ukriane is significant. Also, HRPP and other NGOs, such as the Ukrainian

Psychiatric Association, are the leading voices in critiquing the current state of mental health affairs because of their participation in venues to speak out about injustices.

In the early days of the HRPP organization, the goal was simply to help supply medications and to employ experienced epilepsy specialists. Soon afterwards the organization began educating patients and families about their rights, especially regarding the legal system. Patients and their families can now seek legal and medical help through HRPP. The organization responds to violations of human rights within psychiatric hospitals all over Ukraine, in addition to organizing press-conferences to let the public know about issues in psychiatric hospitals. The organization is now focusing its efforts on "social work" and creating a "social work network," a discipline that has only very recently been introduced into Ukraine. HRPP believes that utilizing social workers as a medium to understanding the real-time needs of patients and their families will help to build the appropriate support and appropriately directed resources into the community. HRPP, in addition to training and incorporating social work into psychiatry, is also pushing for more monitoring of patients. Just as Sarah D. Phillips (2005a) writes about civil society and women's social activism in Ukraine, I believe HRPP is also "struggling to stop up the gaps in the postsocialist state's crumbling social service infrastructure" (493). To quote the HRPP president:

> These days, in order to protect our rights, we create our own team of human rights activists. They will study at the International Helsinki Foundation of the Protection of Human Rights... Our goal is to form a sufficient amount of human rights activists out of our patients that will be able to protect the rights of the patients in Ukraine (izvestia.com.ua).

One powerful tool in their challenge to see a reformed and more humane system of mental health care has been the adoption of human rights language. This language is used as a way to critique the past and orient the present. The abuses of patients by their families and by others are a register of the tension and hardship resulting from the transition. Many families have not been economically successful in this "New Ukraine" (Phillips 2008) and are quite often unable to help and care for their mentally ill family members. Here, the language of human rights allows HRPP an effective way to point out and mediate these tensions originating from the "top" (i.e. economic and market based reforms and the existent and proposed reorganization of psychaitric services) that are being felt in the lives of patients and their families (from the "macro" to the "micro"). This language also caries something over from the previous system (health as a human right), but at the same time critiques the abuses and failings of the previous system where patients were sytematically mistreated by the Soviet state. If we look deeper, the use of human rights language itself registers a cultural shift. Human rights language (originating from the West) emphasizes civil and individual liberties and political freedoms, whereas socialism under Soviet rule emphasized economic rights (such as the right to work) (Lambelet 1989:76). If, under socialism, the collective was the focus of importance over the individual – HRPP's focus on *individual* human rights indicates a shift – where the individual, along with civil and individual liberties is shown more importance.

Conclusion

Ukraine and other postsocialist states are, and have been, in transition for many years, with the expected outcome being more democratic and captialistic forms of governemnt and market based systems. This expectation assumes a "progression toward a natural, known, and specific end" (Phillips 2008:83). I believe, however, that the neoliberal reforms that are being pushed in Ukriane utilize a "one-size fits all" approach and do not consider Ukraine's unique history and circumstances and as such will not produce the same effects that they do in other countries. As I point out, however these reforms in the political economy of Ukraine are producing cultural and structural discrepancies and tensions. In this paper I have focused on one particular area of transition in the mental health field – the push for community based services. By grounding my discussion in the Soviet history of psychiatry and mental health care I show that these reforms are producing tensions between the philosophical and cultural underpinnings of socialism and capitalism, such as how providers view their patients and where the responsibility of health lies. I also consider structural issues that exsist with regards to the transition from the hospital to the community, such as the lack of community infrastructure and funding. These structural problems and tensions are also grounded in the cultural and philosophical differences between socialism and capitalism. NGOs and human rights discourses – especially those which focus on civil and political rights of individuals as opposed to collective rights like health care – are exemplary of neo-liberalism and its attendant cultural forms. HRPP, the NGO that I worked with in Ukraine is unique however, as they utilize human rights language not only as a way to critique the past, but also to orient the present, allowing the organization a way to mediate these tensions arrising from neoliberal reforms. I have tried to demonstrate how tensions from this transition from the Soviet system to the neoliberal model is registering culturally and structurally in the field of mental health and in the lives of those with mental illness. The transition is unclear and messy and the mental health field shows these discrpancies and tensions.

Endnotes

[1] All names are pseudonyms to protect informants' identities.

[2] Perestroika is defined by the Encarta Dictionary as "the political and economic restructuring in the former Soviet Union initiated by Mikhail Gorbachev from about 1986. The stated objectives included decentralized control of industry and agriculture and some private ownership".

[3] Glasnost is defined by the Encarta Dictionary as: "a policy that commits a government or organization to greater accountability, openness, discussion, and freer disclosure of information than previously, especially that of Mikhail Gorbachev in the former Soviet Union".

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