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# MENTAL HEALTHCARE REFORMS IN POST-SOVIET RUSSIAN MEDIA

## Negotiating New Ideas and Values

After the collapse of the Soviet Union, democratic principles began to enter into different branches of Russian social and health policy. As part of these changes, the country demonstrated an intention to develop a new mental health policy based on approaches consonant with the principles of the World Health Organization. This study analyses how these new policy ideas and values are reflected in the Russian mass media, and in particular whether media discourses build upon those ideas or oppose them. It is based on a qualitative analysis of newspapers from the late Soviet period (1980s) through the transition period (1990s) to the present (2000s). The analysis focuses on (1) the protection of patients' rights, (2) the reorganisation of mental healthcare services and (3) activities preventing stigmatisation. While there was an absence of discussion of mental health problems in Soviet newspapers, the democratic changes of the 1990s triggered the recognition of the existence of mental illness, critiques of Soviet psychiatry and calls for reform. The media response to the new policies was quite ambivalent. Support for patients' rights and the social integration of the mentally ill was accompanied by fear about the detrimental effects of the reforms on public safety. Articles that challenged stigmatisation also contained negative images of mentally ill people. The media were sceptical about the success of the reforms due to the particularities of Russia's socio-economic situation and history.

**Keywords:** media, mental health policy, patients' rights, Post-Soviet transformations, social integration, stigma

**Reformen im Zusammenhang mit der psychischen Gesundheitsförderung in den postsowjetischen russischen Medien: Diskussion neuer Ideen und Werte:** Nach dem Zusammenbruch der Sowjetunion erschienen langsam die demokratischen Grundsätze in den verschiedenen Bereichen der russischen Sozial- und Gesundheitspolitik. Als Teil dieses Prozesses zeigte das Land seine Absicht, seine Politik in Bezug auf die psychische Gesundheit aufgrund des entsprechenden

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Ansatzes der Grundsätze der Weltgesundheitsorganisation zu erneuern. In unserer Studie untersuchen wir, wie diese neuen sozialpolitischen Ideen und Werte in den russischen öffentlichen Medien erschienen, insbesondere hinsichtlich dessen, ob die Diskussionen in den Medien auf diese Ideen bauten oder gegen diese Ideen waren. Die Untersuchung basiert auf der qualitativen Analyse der Pressemitteilungen von drei Zeitabschnitten: der Sowjetzeit (die 80er-Jahre), der Übergangszeit (die 90er-Jahre) und der Zeit bis zur Gegenwart (nach dem Jahr 2000). Die Analyse fokussiert sich auf den (1) Schutz der Rechte der Patienten, (2) die Reorganisation der Einrichtungen der psychischen Gesundheitsförderung und (3) die Aktivität gegen Stigmatisierung. Während in den Zeitungen der Sowjetzeit die Probleme im Zusammenhang mit der psychischen Gesundheit noch fehlten, wurde durch die demokratischen Veränderungen der 90er-Jahre das Wesen der psychischen Erkrankungen anerkannt, begann die Kritik an der sowjetischen Psychiatrie und das Drängen auf Reformen. Die neuartige Regelung wurde von den Medien ziemlich ambivalent empfangen. Neben der Unterstützung der Rechte der Patienten und der sozialen Integration von Menschen mit psychischen Störungen erschien auch die Angst, die die negativen Auswirkungen der Reformen auf die öffentliche Sicherheit betonte. Die Artikel, welche die Stigmatisierung infrage stellten, vermittelten zugleich ein negatives Image über die psychisch kranken Menschen. Mit Bezug auf die russische sozial-wirtschaftliche Lage und die Besonderheiten der Geschichte und in den Medien wurde der Erfolg der Reformen bezweifelt.

**Schlüsselbegriffe:** postsowjetische Umwandlung, Politik zur psychischen Gesundheit, Medien, Patientenrechte, soziale Integration, Stigma

# 1. Introduction

The major transformations in Russian society after the collapse of the Soviet Union had an impact both on mental health policy and services in the country and on ideologies regarding mental health and illness in general. As part of this process, post-Soviet Russia has demonstrated an intention to follow international standards of patients' rights in its mental health service system, which has been sharply criticised for its obvious ineffectiveness and political abuse (JENKINS et al. 2007). Simultaneously, the democratic reforms have influenced the mass media. During the Soviet period the task of the media was to lead the promotion of propaganda, and in order to fulfil this role the media were controlled by the Communist Party (DE SMAELE 2007). BECKER (2004) notes that democratic media began to emerge in Russia at the end of the 1980s under Soviet leader Mikhail Gorbachev, and this development continued in the 1990s under Russia's first president, Boris Yeltsin. The mass media received substantial freedom compared to the pre-glasnost period, and this gave journalists an opportunity to openly discuss different kinds of social problems in Russia (BECKER 2004).

We started our study on the assumption that media discussions of mental health/illness were influenced by democratic changes in Russia thanks to the extensive discussion of human rights in general and the emergence of new mental health policies in particular. In our study we monitored media discussions from the Soviet period (1980s) through the transformation period (1990s) to the present (2000s), aiming to understand how the mass media reflect the ideas and values

of the World Health Organization's (WHO) mental health policies. We analysed whether mass media discourses built upon these ideas or opposed them, and what signs there might be of further mental health policy development. In this study we focus on three aspects of mental health policy: (1) the protection of patients' rights, (2) the reorganisation of mental healthcare services, and (3) activities preventing stigmatisation. We focus our analysis on areas that were neglected during the Soviet era and that have therefore been the target of changes based on internationally recognised principles to achieve positive transformations in mental health policy and the lives of the mentally ill. We also pay special attention to the issue of stigmatisation, which has lacked recognition in post-Soviet mental health policy (SHEK et al. 2011), with the aim of understanding whether the media have a greater influence than policy on awareness of the problem.

We take the WHO recommendations as the starting point of our analysis because these principles for action are widely respected and reflect ideas and opinions generally accepted by the international community. In addition, they have served as the basis of mental health policy reforms in post-Soviet Russia (JENKINS et al. 2007). We do not, however, mean to present them as perfect ideals to be adhered to without question. Rather, in this study these principles are taken as a point of comparison with the Soviet historical context, in order to outline the main developments in post-Soviet media discussions of mental health issues. Although our main research interest was the post-Soviet period, we considered it necessary to start with newspapers from the late Soviet period in order to find out how the discussion of mental health issues has developed. We are aware that the WHO mental health policy is not restricted to the above-mentioned principles, but widening the scope of research to include other aspects would have significantly increased the amount of research material. We believe that the analysis of media reflections on other mental health policy topics, such as preventive action (for example, suicide prevention) or mental health promotion, constitutes a fruitful area for further research.

We approached the media discussion from a constructionist perspective (BURR 2003), according to which terms such as *mental health* and *mental illness* are constructed by means of social interpretations, attitudes and values. They are thus culturally and socially relative categories subject to contestation, the precise boundaries and meanings of which vary by time and place (BUSFIELD 2001). The journalistic discourse used in the media not only reflects but also creates dominating ways of perceiving mental health and illness. FAIRCLOUGH (2003, 18) argues that the media, as a cultural industry, are increasingly important because they construct and circulate 'representations, values and identities' that form the substance of our culture and society. The mass media are frequently named as a source of information on mental illness for the general public (LALANI & LONDON 2006; CROSS 2004; HARPER 2005). Political discourse is closely tied to culture (CHILTON & SCHÄFFNER 2002). The media thus create cultural attitudes and values that have a further effect on mental health policies (CUTCLIFFE & HANNIGAN 2001). In this paper we not only study

reflections on policy ideas in the media but also draw some conclusions about the possible influence of media discussions on mental health policy development.

## 2. The Soviet past and mental health policy reform in post-Soviet Russia

During the Communist era, Soviet science was isolated from Western countries, and the scientific discussion of mental health/illness was strongly influenced by Communist ideology (BUDA et al. 2009). The existence of mental health problems was officially almost denied or described as a remnant of the previous class society (KOROLENKO & KENSIN 2002). Because mental health was not considered a problem, little attention was paid to the development of mental health policy (JENKINS et al. 2007). There was therefore no special mental health legislation, and the work of psychiatric services was regulated by administrative instructions issued by the Ministry of Health (APPELBAUM 1998). Patients' rights were severely restricted (MCDAID et al. 2006), and the dominant approach to mental healthcare assumed a paternalistic orientation (POLUBINSKAYA 2000). Critical analyses of Soviet psychiatry have pointed to the social exclusion of mentally ill people, and to negative images of psychiatry and mentally ill people (KOROLENKO & KENSIN 2002). Soviet psychiatry has also been strongly criticised for its political abuses, which constituted an infringement of human rights when involuntary hospitalisation and treatment were used to suppress behaviour that was designated political dissidence (SPENCER 2000; LAVRETSKY 1998). The practice of political abuse resulted in the expulsion of the USSR from the World Psychiatric Association in 1982. The country returned to the Association in 1989 after openly admitting that psychiatry had been abused for political purposes (POLOZHIJ & SAPOSHNIKOVA 2001).

The democratic reforms of the early 1990s had a significant impact on the country's mental health policy. After the collapse of the Soviet system, the discourse on human and patients' rights became a central component of mental healthcare reform. The basis for the mental health policy of post-Soviet Russia was initially formulated in 1992 by a law enitled 'Psychiatric Care and Guarantees of Citizens' Rights in Its Provision'. This document proposed new principles in line with international standards for citizens' and patients' rights, and sought to overcome the 'old' approaches that had led to the ineffectiveness of the existing mental health service. This basic law on mental health took a stand on patients' rights, stipulating that diagnostic or therapeutic measures and hospitalisation can be carried out only with the consent of the person concerned (Supreme Soviet of the Russian Federation 1992, article 4). Psychiatric care can be compulsory only on certain conditions: if the individuals pose a threat to themselves or others, if they are not capable to take care of themselves, and if it is predicted that they will be subject to considerable harm without psychiatric care (article 29). Involuntary hospitalisation and treatment require court approval (article 33).

Thereafter several special laws, orders and programs were approved to regulate the scope and quality of mental health services in accordance with this basic law (SHEK et al. 2011). The first national mental health program of the Russian Federation (Government of the Russian Federation 1995) aimed mainly to improve conditions of care within psychiatric hospitals. The next program (Ministry of Health of the Russian Federation 2002) called for the optimisation of psychiatric services by arranging more effective and cheaper outpatient services than those provided by hospitals. New positions were established in psychiatric institutions for psychologists, psychotherapists and social workers (GUROVICH 2007). The latest program (Government of the Russian Federation 2007) proposes further action to reduce hospital involvement in mental healthcare, such as reducing the period of hospitalisation in psychiatric facilities, decreasing the number of repeated hospitalisations and creating a system of community-based mental health services.

The policy documents call for the integration of mental health services into general services to help overcome patients' social exclusion (MCDAID et al. 2006). However, the strengthening of the social inclusion of mentally ill people is mainly proposed through improvements to institutional services rather than by helping the community to accept mental health problems as part of human life. Previous research on Russian mental health policy documents has shown that although the WHO mental health policy principles constitute the basis of post-Soviet legislation, Russian mental health policy still lacks attention to the stigmatisation of mentally ill people (SHEK et al. 2011).

## 3. Materials and methods of research

In order to study the discussion of mental health issues, we selected key national-level newspapers from each period for analysis. The research material comprises articles published in Известия (*Izvestia*, *I*), Труд (*Trud*, *T*), Аргументы и Факты (*Argumenty i Fakty*, *AiF*), Российская газета (*Rossiiskaya Gazeta*, *RG*) and Комсомольская Правда (*Komsomolskaya Pravda*, *KP*). Newspapers were selected on the basis of their circulation and popularity. Newspaper samples were collected from the years 1982, 1987, 1992, 1997, 2002, 2007 and 2012, for the periods 7–20 March, June, September and December of each year. Altogether 883 individual newspaper issues were covered by the search for articles on mental health issues. The materials from Soviet newspapers, and some of the materials from the 1990s, were collected from the library in St. Petersburg, while the materials from post-Soviet newspapers (the 1990s and 2000s) were gathered using the electronic database Integrum, which is one of the leading Russian information companies providing users with specialised databases of media materials.

The research started with a search for articles that covered mental illness topics. In this search, the keywords were: психич* (psychic*, i.e. mental), психиатр* (psychiatr*), психопат* (psychopat*), and психотерап* (psychotherap*). The

word психол* (psychol*) was not used in the search terms because articles with this word could be found in abundance in discussions of mental health promotion to the general population, while the focus of our research was mainly on mental healthcare and rehabilitation. However, references to psychology were analysed when they appeared in discussions of the WHO principles in question. The research material included news stories, short reports, articles and editorials. We excluded commercial advertisements, TV programs and short descriptions of films from the research material because these materials are not the journalistic products of the newspapers themselves. We also excluded publications that included the keywords but did not refer to mentally ill people or mental health services/specialists. For example, articles in which the keywords were used figuratively (e.g. '*mental* attack on the opponent'; *T* 10 Sep 1997, our trans.)[1] or appeared in astrological predictions ('these cosmic factors can lead to strong *mental tension*'; *RG* 18 Sep 2007, our trans.)[2] were not included to the analysis. After this selection procedure, a total of 364 articles were available for further analysis.

The mass media data were analysed using qualitative content analysis (MAYRING 2000; HSIU-FANG & SHANNON 2005). The media text units identified were analysed using a coding table with reference to the selected categories. The categories for analysis reflected aspects of WHO mental health policy:

1. Protection of patients' rights, including key empowerment rights (such as information, consent, freedom of choice, privacy and confidentiality); the right to be protected from cruel, inhuman and degrading treatment; and the provision of a safe and hygienic environment (World Health Organization 2005).
2. *Reorganisation of mental healthcare services*, entailing the accessibility, comprehensiveness, coordination, effectiveness and equity of mental health services; the integration of mental health services into general services; and deinstitutionalisation and community-based activity (World Health Organization 2003b).
3. *Activities preventing stigmatisation*, implying the promotion of positive images of mentally ill people, with a focus on recovery from mental disorders and social integration; the debunking of myths and prejudices about mental illness, and increasing public awareness of mental health issues; and community education on mental health problems (World Health Organization 2003a; 2005).

A total of only 43 articles from the original sample of 364 included discussions of one or more of the chosen categories. In the rest of the articles the search words appeared in contexts that did not relate to the principles in question. A significant number (152) of the articles in the original sample were crime stories or representations of mentally ill people as dangerous. Most texts describing crimes only mentioned that the suspect had been referred to a psychiatric board for an examination of their mental health status. The negative representation of the mentally ill is not

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[1]    Original text: '*психическая* атака на соперника'
[2]    Original text: 'Это космическое влияние может привести к сильному *психическому* перенапряжению.'

exclusive to post-Soviet Russian media. Studies from other countries have also noted that the trend in journalism is to focus on threats related to mental illness, creating negative images of mentally ill people (ANGERMEYER & SCHULZE 2001; GRANELLO & PAULEY 2000; LINK & CULLEN 1986; SIEFF 2003). Therefore in our study we decided not to analyse such representations in detail, but rather to focus on how the new mental health policy ideas were reflected in newspaper coverage. We paid attention not only to what was said but also to what was not said, and to the aspects of the principles that were not discussed. Following a qualitative approach and staying as close as possible to the texts, we revised our categories on the basis of the research material. We then summarised the ways in which the principles were presented, interpreted and formulated in the newspapers in each historical period. The categorisation process and research results were regularly discussed within the research group.

## 4. Results and discussion

### 4.1. The missing mental health discussion in the Soviet press

Although our sample of newspapers does not allow us to make generalisations based on statistical analysis, it indicates a significant increase in the number of published articles that touch upon mental illness during the period covered by our study. While in the samples from the 1980s we found only two articles discussing mental illness (*I* 8 Sep 1982; *I* 9 Jun 1987), from the 1990s onwards the number of articles gradually increases. The main topic of the one single article from 1982 was unemployment in the USA. The article drew on statistical data to demonstrate that unemployment in the USA had led to a high level of mental illness, and contrasted this with the full employment in the USSR frequently described in newspapers of this period. The article thus exemplifies how during the Cold War the Soviet state attempted to demonstrate the USSR's prosperity, using Soviet newspapers as an important resource for the creation of a positive image of the USSR. The absence of discussion of mentally ill people might be explained by the symbolic danger posed by this social group to the prestige of the Soviet state. The conception of a healthy society with full employment and no mental illness was manifest in the media.

Our findings demonstrate that the Soviet mass media completely excluded even brief references to mental health problems in the USSR. Another article from the 1980s (*I* 9 Jun 1987) briefly mentions mental health problems as one of the factors leading to alcoholism and drug abuse. The article appeared in the context of an anti-alcohol company initiated by Gorbachev in 1985 (Ministry of Health of the USSR 1985). However, it is also striking that there was no increase in the discussion of mental health and illness during the Gorbachev era. Although this era was characterised by 'openness' (glasnost) and many new democratic principles, these did not result in wider media discussion of psychiatry and mentally ill people. The topic was closed for public discussion until official recognition in 1989 of the use of psych-

iatry for political purposes in the USSR (POLOZHIJ & SAPOSHNIKOVA 2001). At the beginning of the 1990s the newspapers openly recognised that mental illness had been underreported in the USSR (*I* 7 Mar 1992), and revealed data on the country's mental health (*I* 17 Sep 1992; *AiF* 12 Sep 1992; *AiF* 17 Jun 1992). The recognition in newspapers of the existence of mental health problems might be considered a first step towards the open public discussion of mental illness.

### 4.2. Patients' rights: the issue of involuntary mental healthcare

The democratic reforms of the 1990s triggered a problematisation of the social position of mentally ill people, which appeared in the context of a broader public discussion of citizens' and patients' rights. As mentioned above, in 1992 the basic law on mental health, 'Psychiatric Care and Guarantees of Citizens' Rights in Its Provision', was approved (Supreme Soviet of the Russian Federation 1992), and it was widely considered an innovation in the field of psychiatry and mental health services. Newspaper articles from the 1990s (*RG* Jun 1992; *I* 8 Jun 1992; *I* 17 Sep 1992) and the beginning of the 2000s (*AiF* 11 Dec 2002; *RG* Jun 2002) frequently reminded readers that during the Soviet period psychiatry had been used for political purposes, and that patients' rights had been abused. In the context of this critical discussion of psychiatry, mentally ill people were represented as victims whose right to be treated with respect and dignity had been violated. This was evoked with expressions such as 'patients are behind bars'[3] (*I* 17 Sep 1992) and 'patients are tortured by injections'[4] (*KP* 7 Dec 2002). Not only mentally ill people but also their relatives were represented as powerless against the staff in psychiatric services (*RG* 19 Sep 1997). Other studies have also highlighted anti-psychiatric public attitudes during the early post-Soviet period, when psychiatrists faced accusations from patients, patients' relatives, journalists and the public at large (POLOZHIJ & SAPOSHNIKOVA 2001). While this critical discussion might be taken as creating negative images of psychiatry, it simultaneously also increased awareness of the importance of patients' rights, and hence supported reform in this area.

Some aspects of the new policy, such as the consensual nature of diagnosis, hospitalisation and treatment, required by the new law of 1992, were questioned by journalists. The author of one article (*I* 11 Sep 1997) noted that patients' willingness to seek help, which the new law designated a prerequisite of psychiatric treatment, might lead to negative consequences such as delayed visits to psychiatrists. While the article acknowledges the importance of protecting patients' rights as a sign of progress over Soviet times, the impact of the Soviet legacy simultaneously gives cause to doubt the consequences of the new law. The article notes that because Soviet psychiatry created negative images of the mental health services and because

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[3]  Original text: 'пациенты за решетками'
[4]  Original text: 'пациенты замученные уколами'. .

information about mental health/illness was not then available to the general population, people nowadays might not be capable of seeking help voluntarily. References to the avoidance of mental health services due to the low level of mental health culture among post-Soviet citizens also appeared in the sample of newspapers from 2012 (*KP* 16 Mar 2012).The media regretted the cancellation of the compulsory checks on children's mental health that had been characteristic of the Soviet period (*I* 11 Sep 1997), noting that while adults have the right to make a choice, the situation with children is complicated because parents often reject hospitalisation or consultation with mental health specialists (*I* 10 Sep 2002; *T* 14 Sep 2002; *KP* 16 Mar 2012). The author of one of the articles notes that a visit to a psychiatrist is 'something shameful' in Russia, while in the West it is normal to have a personal psychiatrist or psychotherapist (*I* 10 Sep 2012, our trans.).[5] Taking the assumed differences between Russia and 'the West' for granted, the author thus does not realise that being a mental health service user means belonging to a stigmatised group in Western countries as well. People with mental health problems often meet fear and prejudice from others that may prevent them from seeking help for fear of being labelled (European Commission 2005).

Another line of criticism of the new policy links the consensual nature of hospitalisation with dangerous activity by mentally ill people (*T* 13 Sep 1997; *KP* 18 Jun 2007; *RG* 7 Jun 2007). One article explains that due to the new law of 1992, 'there are more crazy people in our proximity lately . . . because hospitalisation and even treatment may be carried out only with the consent of the person concerned' (*T* 13 Sep 1997, our trans.).[6] The article clearly emphasises the distance between 'us – healthy people' and 'them – the mentally ill', who have come into proximity with 'us'. The article also tells the story of a mentally ill man who killed his brother, thus implicitly connecting the liberalisation of psychiatry with crime. In another article from the later 2000s (*RG* 07 Jun 2007), a high-ranking police officer directly links an increase in violent crime with the liberalisation of psychiatry. Discussing different types of crime, he says:

> Tragic cases should be divided into three groups. First, crimes committed by maniacs and other mentally ill people. Such people have always existed, but their number has significantly increased in recent years. The reason for this is the closure of special hospitals, and the liberalisation of this area of the healthcare system so that the consent of the person concerned is necessary for hospitalisation.                    (*RG* 7 Jun 2007, our trans.)[7]

This article connects patients' rights under the new policy regarding hospital admission and treatment, and also the reorganisation of services towards commu-

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[5]  Original text: 'чем-то компрометирующим'.

[6]  Original text: 'сумасшедших рядом с нами стало больше . . . на госпитализацию в стационар и даже на лечение также нужно разрешение человека с нарушенной психикой.'

[7]  Original text: 'Трагические случаи надо разделить на три категории. Первая – преступления, совершенные маньяками и прочими психически больными. Такие люди были всегда, но в последние годы их стало намного больше. Причина – закрытие спецбольниц, либерализация в этой отрасли здравоохранения, когда на госпитализацию такого человека часто нужно согласие самого больного.'

nity-based care, with an increase in violent crime. It opposes the reforms, representing the liberalisation of psychiatry as a source of public danger. The mental health services are portrayed in this case as a means to secure social safety and stability.

The majority of media discussions of patient rights' found in our sample focus on voluntary/involuntary care and do not take other patients' rights issues into consideration. Although our sample included a few articles that referred to the confidentiality of information about illness and treatment (*T* 11 Dec 2002) and to psychiatric hospital patients' right to vote (*T* Mar 2007; *RG* 13 Mar 2007), these issues were touched upon only very briefly, with no problematisation of the topics. Included in our sample is an article criticising the involuntary sterilisation of mentally ill people in Sweden and France after the Second World War (*KP* Sep 1997). This article can be considered an important example of the advocacy of mentally ill people's right to a private life. However, the article discussed the problem only from a historical perspective, with no reference to the contemporary situation in Russia. In conclusion, the media discussion of patients' rights centres on voluntary/involuntary care, whereas other rights, such as the rights to vote, to have access to information or to communicate with other people, receive marginal attention in the post-Soviet media.

### 4.3. Reorganisation of mental health services: selective support for the reforms

In our samples from the 1990s and early 2000s, we found several articles describing the poor material and hygienic conditions of post-Soviet mental health facilities (*I* 17 Sep 1992; *KP* 14 Jun 1997; *KP* 7 Dec 2002). In one of the articles the journalist criticises the lack of funding, and notes that the problem is not the poverty of the state but the low priority of mental health issues (*T* 18 Jun 1997). Pointing to a significant increase in mental illness in the country, articles criticise the underdevelopment of mental health services (*AiF* 20 Mar 2002), especially in small towns and villages (*KP* 11 Mar 2002). An article from 2012 also mentions poor access to mental health services in rural areas (*AiF* 19 Dec 2012). A special group discussed in the materials is children and young adults with mental health problems. The media advocate a comprehensive mental health service system for this social group (*AiF* 13 Mar 2002; *I* 10 Sep 2002; *T* 14 Jun 2002; *I* 18 Jun 2012). While the violation of patients' rights in Soviet psychiatry is strongly criticised by the media, the discussion of the organisation of Soviet mental health services is not so univocal. Although the media recognise such positive post-Soviet innovations as the appearance of psychotherapy and art therapy (*I* 17 Sep 1992; *KP* 19 Mar 1997), they also lament the destruction of the Soviet system of vocational rehabilitation (*RG* 19 Sep 1997) and regular checks on children's mental health (*I* 11 Sep 1997).

The articles from the 1990s mainly referred to the treatment of mentally ill people within psychiatric institutions but did not say anything about the deinstitutionalisation of psychiatric services and community-based care. Discussions of this topic appeared only in articles from the 2000s. An article (*RG* 15 June 2007) describ-

ing a regional program to combat depression noted that the program suggested the integration of mental health services into general healthcare and a close collaboration between primary health services and psychiatrists. An article called 'Reform of Psychiatric Care: Happiness from the Mind' ('Реформа психиатрической помощи: Счастье от ума', *I* 17 Sep 2007) informed readers about reforms in psychiatry initiated by the program of 2007 (Government of the Russian Federation 2007). In this article the possibility of recovering from a mental disorder was used as an argument for the deinstitutionalisation of psychiatry. The journalist presented several stories of mentally ill people and demonstrated that after hospitalisation in a mental health facility they had been able return to 'normal life'. According to one of the stories, (*I* Sep 2007) a non-governmental organisation (NGO) called New Opportunities helped one man to overcome despair and to interact socially after his treatment in a psychiatric hospital. It helped him to return to university and not to lose his friends. We should mention that it was the first and only reference in our research material to an NGO active in the mental health field.

However, the discussion of deinstitutionalisation is accompanied by negative views of psychiatry and methods of treatment in psychiatric hospitals (*I* 17 Sep 2007; *T* 14 Jun 2002; *T* 14 Dec 2012). The patients in these cases are represented as victims who 'seek to escape psychiatric hospital and start a new life' (*I* 17 Sep 2007, our trans.).[8] One man describing his treatment in a psychiatric hospital says that 'huge doses of medicine put me to a vegetative state, . . . but I was able not to lose my job' (*I* 17 Sep 2007, our trans.).[9] A psychiatrist arguing for the social integration of mentally ill children illustrates his argument with a story about a boy with learning disability who attended a mainstream school. He concludes that the boy has much better prospects of social integration because he has never been treated with psychotropic drugs (*T* 14 Jun 2002).

The articles voice some doubts about the success of deinstitutionalisation due to the lack of an infrastructure that might make community-based care possible. One article (*I* 17 Sep 2007) cites the success of deinstitutionalisation policies in the UK and Finland, acknowledging that for the moment there are very few such community-based services for mentally ill people in Russia. Evgenii Lubov, a leading researcher at the Moscow Research Institute of Psychiatry, whose opinion is presented in the article, notes that many chronically mentally ill people apply for admission to a psychiatric hospital because they cannot earn a livelihood in the community. This reflects the concern that patients discharged from psychiatric hospitals can became poor or homeless without proper community-based services and support. The journalist also suspects that certain people have commercial interests in psychiatric hospitals' land and buildings and that the reforms will take those away so that 'mentally ill people will be outcast again' (our trans.).[10]

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[8]  Original text: 'стремление вырваться из 'психушки', попытаться начать новую жизнь.'

[9]  Original text: 'большие дозы лекарств забили меня до растительного состояния, . . . но мне удалось не потерять работу.'

[10]  Original text: 'люди с психическими отклонениями вновь будут брошены.'

A special group described in the material is old people who reportedly often apply for admission to a psychiatric hospital because of their poor material living conditions. They are therefore referred to as the 'healthy' elderly patients of psychiatric hospitals, where they can get basic care and support such as food and medicine. The article says that an increasing tendency towards 'hospitalisation for social reasons' (*AiF* 20 Mar 2002, our trans.)[11] was observed at the beginning of the 1990s and still exists in the 2000s. One article states that a mother killed her 58-year-old learning-disabled son because she was afraid that he would not receive any social support after her own death (*KP* 8 Jun 2007). Similarly, another article (*RG* 16 Mar 2007) relating the story of a 38-year-old mentally ill man noted that it was awful to think what would happen to him after his mother's death. Although these articles do not speak explicitly about the underdevelopment of community-based social services for mentally ill and learning-disabled people in Russia, we suggest that they point to this problem in an implicit way.

Media calls for the improvement of material conditions in mental health services and for an increase in their funding thus demonstrate restrained support for reforms towards the deinstitutionalisation of psychiatry. While criticising psychiatric treatment methods and recognising the possibility of recovery from mental disorders, the media nevertheless point to the absence of the social support and community-based services that would make such deinstitutionalisation possible.

## 4.4. Reproducing the stigma of mental illness while also arguing against it

Arguments against the stigmatisation of mentally ill people appeared as early as the beginning of the 1990s. One of the articles from 1992 concluded that mentally ill people did not commit crimes more often than healthy people. The article says that stereotyped images of the mentally ill as criminals are wrong and provides readers with statistical data to prove this (*AiF* Sep 1992: 34). In our research materials there were also articles stating that people can recover from mental illness (*KP* 18 Sep 1997; *I* 17 Sep 2007) and that psychiatric patients can live normal lives and be socially active (*T* 11 Dec 2002; *KP* 13 Mar 2012). However, in many cases articles that ostensibly seek to change negative attitudes to the mentally ill also include statements and images that might increase their stigmatisation (*I* 17 Sep 1992; *T* 13 Sep1997; *I* 11 Sep 1997; *KP* 19 Mar 1997). For example, an article titled '…Like a Madman with a Razor in His Hands' (*T* 13 Sep 1997, our trans.)[12] mentions that very few crimes are committed by mentally ill people, and that most such people are not dangerous in everyday life. Yet the title of the article may make a stronger impression on readers than its content. Another article (*KP* 19 Mar 1997) on the positive results of art therapy in psychiatric hospitals is illustrated with a humorous picture

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[11]   Original text: 'Госпитализация по социальным показаниям'.
[12]   Original title: '…Как сумасшедший с бритвою в руках'.

from a theatrical production, showing a patient with an aggressive facial expression wearing a straitjacket, with two male nurses behind him, thus reproducing stigma in a visual way.

Interviews with mental health specialists also included contradictory statements reproducing the stigma of mental illness. For example, in an article titled 'All of Us Want to Be Napoleon' (*T* 11 Dec 2002, our trans.),[13] a psychiatrist answers the journalist's question about the risk of psychiatrists being attacked by mentally ill patients: 'The probability of being targeted by bullies in the street is higher than of being attacked by patients. Furthermore, psychiatrists' sense of danger is slightly reduced, which of course is wrong, taking into account the specifics of our work' (our trans.).[14] At the beginning of the answer the psychiatrist tells readers that working with mentally ill people is no more dangerous than walking down the street, but at the end of his statement he criticises the reduced sense of danger typical of psychiatrists, because their job is in fact dangerous.

An article (*I* 10 Jun 2002) on a German photographic exhibition about disabled people, including the learning disabled, claims that the exhibition aimed to challenge the image of disabled people as recipients of support and objects of compassion but argues that such a goal would be premature for contemporary Russia. It states that disabled people still need a lot of compassion and support in Russian society due to the economic and social difficulties they face. Such opinions may be taken to reflect a paternalistic approach to learning-disabled and mentally ill people. Similar signs of paternalistic attitudes to the mentally ill were found also in other articles. One article (*RG* 19 Sep 2007) describing a community home notes that mentally ill people are taught to live there 'like small children' (маленькие дети) controlled by a social worker, 'a babysitter' (нянька). Paternalism can be understood as an attempt to access and address the needs of individuals or groups in the same way as a caring parent who nurtures and protects a child without waiting for permission (BREEZE 1998). The same tone was found in descriptions of psychoneurological boarding facilities, with adult patients being referred to as 'our wards' (подопечные, *AiF* 7 Mar 2012) or 'our children' (наши дети, *KP* 13 Mar 2012). Although such expressions do not connect mental illness with violence or danger, they contribute to the stigmatised, passive image of mentally ill people as incapable of active participation in social life.

Articles promoting the public understanding of mental health and illness can significantly contribute to anti-stigma activity (World Health Organization 2005). As early as the beginning of the 1990s, there were articles recognising the need for educational activity on mental health issues. One article (*T* 12 Dec 1992) argued for a special television program on mental health issues. Another (*AiF* 20 Mar 2002), calling for the organisation of information campaigns about mental health/illness for the general public and special groups such as young adults, the elderly and pregnant

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[13]   Original title: 'Все мы метим в Наполены.'
[14]   Original text: 'Вероятность пострадать на улице от хулиганов выше, чем подвергнуться нападению больного. Более того, чувство опасности у психиатров даже несколько снижено, что, конечно, неправильно, учитывая специфику нашей работы.'

women, referred to Western countries, where information brochures are distributed to the population. There were also several articles in our research material explaining the causes and symptoms of mental health disorders: depression (*KP* 12 Sep 2007), schizophrenia (*T* 11 Dec 2002) and post-traumatic stress disorder (*I* 10 Sep 2002). A special focus was placed on the mental health problems of children and young adults (*I* 11 Sep 1997; *AiF* 13 Mar 2002; *T* 14 Sep 2002; *I* 18 Jun 2012). Most of the educational articles as well as articles with positive images of mentally ill people were based on interviews with mental health specialists, which demonstrates their significance in the support of anti-stigmatisation activity. However, their voices were drowned out by negative representations of the mentally ill, which were abundant in the research material. As we mentioned in our description of the data, almost half of the articles represented mentally ill people as dangerous, and even articles that sought to work against stigma often contributed to its reproduction.

## 5. Summary and conclusion

In this study we have analysed how the media reflect the ideas and values of the WHO mental health policies, which served as the basis of post-Soviet Russian reforms in this area. In this last section, we summarise our main findings about support for and opposition to these reforms, and make some suggestions about the possible effect of media representations on mental health policy development.

As reported above, the public discussion of mental health and illness was strongly restricted in the Soviet Union, and problems pertaining to the USSR's mental health situation were very seldom addressed in the mass media (KOROLENKO & KENSIN 2002; RICHARDSON & TARASKIN 2006). Their discussion was ultimately triggered by democratic changes in post-Soviet Russia in the 1990s, enabling the public recognition of the existence of mentally ill people in Russian society, of violations of patients' rights and of the deficiencies and failures of mental health services. Our study demonstrates that particularly at the beginning of the 1990s, mentally ill people were represented as victims of the old Soviet mental healthcare system with its ineffective treatment and its denial of patients' rights. This may be interpreted as a reaction to the social changes underlying the new democratic principles, and as a simultaneous distancing from the Soviet past. The criticisms of Soviet psychiatry and calls for change in this area can be considered important factors supporting mental health policy reforms.

However, attitudes to the Soviet past were not so straightforward. There were also positive comments on some elements of the Soviet mental healthcare system, such as regular checks on children's mental health and the vocational rehabilitation of the mentally ill. Other researchers have also noted that the system of vocational rehabilitation for mentally ill people was well organised in the Soviet Union (POLOZHIJ & SAPOSHNIKOVA 2001; TIGANOV 1999). There were special workplaces in industry and agriculture for people with mental illness. Workshops and rehabilitation units for

mentally ill people existed in outpatient and inpatient psychiatric clinics. The critical view claims that this 'work therapy' served to mask the exploitation of the labour of mentally ill patients (KOROLENKO & KENSIN 2002, 61). Such inconsistencies in how Soviet healthcare is described may be explained by the need to manage the ambivalence of attitudes about the Soviet period. The Russian sociologist KUSTAREV (2007) suggests that nostalgia for the Soviet period serves to manage Russians' relationship to the past. He notes that the rapid decrease in the welfare of the Russian population in 1990s resulted in a tendency to emphasise the best aspects of the Soviet period, and to recast what had been 'bad' by discovering the 'good' sides of the past.

The media's perspectives on the Soviet past also serve to legitimate doubts about the success of the new policy. While the requirement of consent in mental healthcare is recognised as an important development compared to the Soviet period, the articles also point to the 'low level of mental health culture' among post-Soviet citizens, which makes patients incompetent to make 'well-timed decisions' about their own diagnosis and treatment. Psychiatric clinics and treatment methods were subject to criticism not only in the early post-Soviet period but also in discussions of the deinstitutionalisation of psychiatry. Although such critiques promote awareness of the problems and thus open a window of opportunity for change in this area, they simultaneously contribute to negative images of psychiatry. Activity to shape positive attitudes towards mental health services and specialists seems to be necessary in post-Soviet Russia, due to the negative images of psychiatry formed in the Soviet era (POLOZHIJ & SAPOSHNIKOVA 2001).

The new ideas in mental health policy were also opposed because of fears over public order and safety. Our results demonstrate that, although policy papers call for the integration of the mentally ill into society, the media encourage more exclusionary and controlling policies, representing the mentally ill mostly as criminals or as people with strange behaviour whose integration into society poses a risk to public safety. We found that the principle of voluntary hospitalisation and measures for the deinstitutionalisation of psychiatric care were connected by the media with a depiction of mentally ill people as dangerous. Thus the media discussion reflected the conflict between the individual's right to autonomy and society's obligation to prevent danger to all citizens. Other researchers also note that a move towards community care in countries of the former Eastern Bloc was opposed by the widely held belief that the primary purpose of the mental healthcare system is the safety of citizens (TOMOV et al. 2006).

In Western European countries and the USA, an awareness of the influence of the mass media on mental healthcare policy came only after increased negative media representations of the mentally ill had contributed to a shift to a more controlling policy in the 1990s (CUTCLIFFE & HANNINGAN 2002; HALLAM 2002; HOLLOWAY 1996). KAMERĀDE (2005) claims that Central and Eastern European countries still have an opportunity to use the mass media to strengthen public awareness of the rights of mentally ill people and to prepare the general public for community-based mental healthcare policies in advance of policy activities. However, our research

demonstrates that in Russia a negative media response to the reforms preceded policy programs for deinstitutionalisation.

NGOs, including service users' organisations, are considered important actors for developing activities against stigmatisation and for community-based care (World Health Organization 2005). However, there were no news stories whose author was a representative of such an organisation. NGOs have been the organisational form on which scholars have focused their attention in the civil societies of transitional states (SUNDSTROM 2002). A number of studies claim that civil society has remained weak and underdeveloped in Russia (COOK & VINOGRADOVA 2006; HOWARD 2002; MALTSEVA 2011). The results of our research demonstrate that NGOs are not actively engaged in media discussions of mental health reforms. Our previous study of mental health policy documents (SHEK et al. 2011) similarly showed that the role of NGOs was not considered in mental health policy documents. It thus seems that associations of people with mental disorders, their relatives, and advocacy organisations representing the interests of mentally ill people are not regarded as active agents in either policy reforms or mass media discussions of this topic.

The voices of people with mental health problems were missing from the articles. All of the stories were told by mental health specialists or journalists on behalf of people with mental health problems. This absence of service users' participation is reminiscent of the Soviet healthcare system, with a typically passive role assigned to ordinary people. Paternalistic expressions in media representations of mentally ill people are also a sign of such attitudes. INGLEHART and BAKER (2000) claim that cultural values can and do change, but also that they continue to reflect a country's cultural heritage and are in this sense path-dependent. Hence it seems that post-Soviet media partially reflect Soviet attitudes to mental health and illness.

The discussion of mental healthcare reforms often involved comparison of 'our society' with 'Western society'. Several articles throughout the study period referred to successful examples of mental health policies from the West. Although some studies claim that negative attitudes to the Western model of society have recently increased in Russia (GURIEV et al. 2009), the results of our study demonstrate that the media represent Western mental health policies in a rather positive way, albeit noting that some practices might be premature and difficult to implement in Russia due to the particularities of Russia's current socio-economic situation and historical context. BLUMLER and KAVANAGH (1999) suggest that debates conducted in public spheres, including newspapers, constructed by the media reflect a process in which policy is increasingly made in the media. Policy and the media can both be considered important actors in the creation of ideologies and values regarding mental health and illness. Our research reveals only some hints of the interconnections between these two areas and suggests that this relationship warrants further investigation.

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