Adapting Recovery-Oriented Practices in Central Asia: The CARE Model in Kyrgyzstan

Presentation on the basis of the materials from

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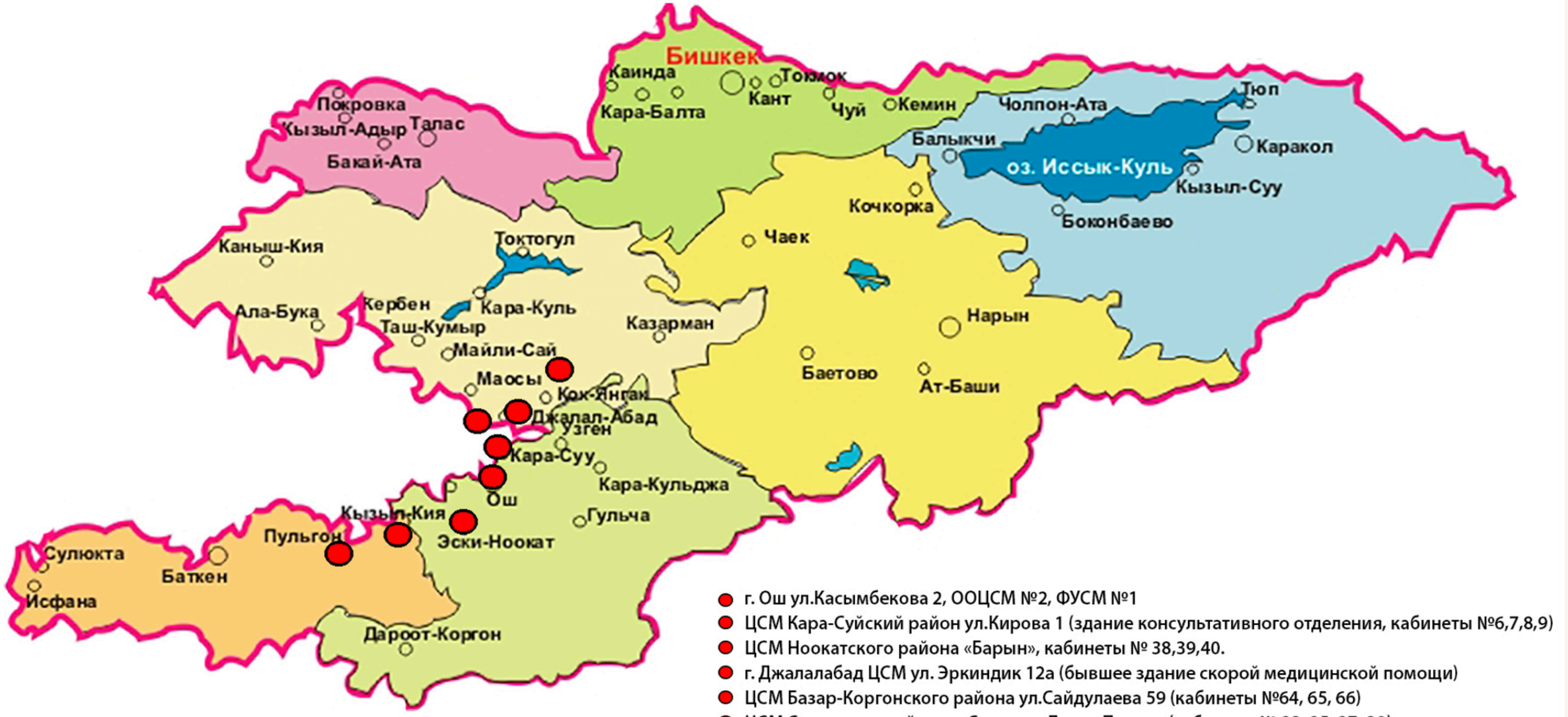
Aigul Alikanova, 22.05.2026, Prague, Villa Grebovka

Introduction to Mental Health Reform

Kyrgyzstan's Transition to Community-Based Care

- Kyrgyzstan has shifted from institutional to community-based mental health care (from 2016-2017 for several years)
- All 17 state family medicine centres have multidisciplinary teams including psychiatrists, psychologists, and nurses.
- National guidelines on community-based mental health were developed in 2017.



- г. Ош ул.Касымбекова 2, ООЦСМ №2, ФУСМ №1
- ЦСМ Кара-Суйский район ул.Кирова 1 (здание консультативного отделения, кабинеты №6,7,8,9)
- ЦСМ Ноокатского района «Барын», кабинеты № 38,39,40.
- г. Джалалабад ЦСМ ул. Эркиндик 12а (бывшее здание скорой медицинской помощи)
- ЦСМ Базар-Коргонского района ул.Сайдулаева 59 (кабинеты №64, 65, 66)
- ЦСМ Сузакского района с. Сузак ул. Дакан Павлан (кабинеты № 23, 25, 27, 39)
- ЦСМ г.Кызыл-Кия ул. Ленина 3 (2 кабинета на 3-м этаже)
- ЦСМ Кадамжайского района ул.Звездная 7, (кабинеты № 313, 314, 315)

Number and duration of hospitalizations before and after joining Care Model

		number of hospitalizations	average number of hospitalizations	duration of hospitalization	average duration of hospitalization
Total	Before the introduction of Care	285	1,8	6695	43
	After the introduction of Care	137	0,9	3256	21
	P-value	**<0,0001**		**<0,0001**	

in 69.9% of patients there was an improvement in social activity;

In 79.2% of patients, there was an improvement in health, relationships with relatives and surroundings, and working capacity

The number of hospitalizations decreased by 51% and the length of hospitalizations decreased by 52% (P <0.0001);

54.7% of interviewed patients and 41% of interviewed relatives or caregivers confirmed the decrease of treatment costs

Initially, this transition was made possible with the help of foundations that sponsored it, but then Lilya and other desicion makers were able to introduce a practice at the Ministry of Health whereby the government pays a multidisciplinary team additional money if a person with a mental health problem takes medication and stays at home and able to maintain himself. A nurse, a psychiatrist, and a psychologist work together to provide support to patients.

In 2019, on the way (train)from the Helmond, Netherlands to Amsterdam told us (Aigul and Begayim) that she would like to open a Recovery College. We even were imagining the location of the place together))

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What are my dreams in accordance to Model CARe? What are my goals and a next steps? Where do I see my self in one year - what do I want to achieve?

My dream is to create a recovery college project

And at the end of the year 2019 Lilya opened this center,

but in 2020 pandemic came and we went to online format

After pandemic there were some political problems and the Public Fund that sponsored the center closed.
Currently, the center closed, but all of us work with clients, patients

In conclusion, I'd like to share one interesting fact. Several years ago, when I was reading Henry Ellenberger's book about the history of psychotherapy from prehistoric times to the present day, one point intrigued me. The author researched and described various practices for treating people with problems, especially mental health issues. In one tribe, when a person felt sad and lost interest in life, the tribesmen would seat him on a wooden throne and honor him for a certain period of time, giving him a lot of attention. Then he would get better. This practice reminds me very much of

CUES - connect, understand, ensure and strenthen

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