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Access to mental healthcare in Lithuania: institutional, cultural and social barriers

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Abstract:

This paper examines how institutional, cultural and social contexts in Lithuania influence access to care and healthcare seeking in common mental disorders. Less than 5 per cent of the Lithuanian population reported chronic depression in 2014 (source: Eurostat, based on EHIS) ranking among 6 EU member states with the lowest prevalence rates of depression, 5 of which were the former communist states of Eastern Europe. Self-reported rates of the most common anxiety disorders (F40-F43 in ICD-10) are not available but the Institute of Hygiene registers clinical prevalence rates of 0.8-0.9 per cent which is extremely low if compared with epidemiological studies in Western Europe (e.g., ESEMeD study). Nonetheless, Lithuania constantly tops the list of suicide mortality rates, alcohol consumption per capita or intentional homicide victims in Europe (source: Eurostat and Global Health Observatory Data Repository).

Therefore, all of this suggest poor mental health and, consequently, high levels of treatment gap and lag in common mental disorders in this ex-communist state. The health system and inequities in access to high-quality care due to institutional, cultural or social barriers may explain high under-treatment rates. Thus, drawing on the theoretical approach of Pierre Bourdieu and his conceptual triad of field, *habitus* and capital, I study how discourses on healthcare-seeking practices in depressive and anxiety disorders are revealed "in the context of constraints of regulations, norms, shared beliefs, and cultural patterns" (Sitek, 2010, p. 569). Although also using secondary data sources, I focus on empirical data of 23 semi-structured qualitative interviews conducted in Lithuania and analysed with a support of MAXQDA. The sample includes 12 healthcare providers (general practitioners, psychiatrists and psychologists) and 11 users of healthcare services who suffer from common mental disorders.

The interviews reveal how sociocultural factors, as both objectified (accumulated in customs and institutions) and embodied history (as cultural norms and beliefs within *habitus*), as well as institutional context – institutional design of the healthcare system and patient-provider-state interactions all of which mirror sociocultural context – impede access to healthcare in common mental disorders. The study also analyses how economic, social and cultural capital (including gender capital) can either maintain *status quo* or soften the effect of institutional and sociocultural context depending on the direction and strength of push, i.e. on amount of acquired capitals. Despite infrastructure and supply of services which is relatively ample in Lithuania (although the quality and adequacy are questioned), there are other major institutional and sociocultural barriers inherited from the Soviet era and reproducing social and health inequalities.

References:

Sitek, M. (2010). The New Institutionalist Approaches to Health Care Reform: Lessons from Reform Experiences in Central Europe. *Journal of Health Politics, Policy and Law, 35*(4), 569-593. DOI: 10.1215/03616878-2010-017