

Experiences from Implementing Changes in Mental Health Scene in Lithuania

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The presentation is based on analysis of 16 years of changes in mental health care in Lithuania, as well as in other countries of the region of Central and Eastern Europe. Even if the countries and their sociopolitical contexts in Central and Eastern Europe are very different, it is very important to take account of some basic similarities. This is needed for very practical reasons. Similarly like we need to make a correct diagnosis when we face a patient who is ill — we also need to have skills to diagnose systems, if we really want to work them more effectively. Mental health systems in postsoviet countries need changes — this is obvious to everybody. But it is also obvious that practical recommendations about how to cure mental health system will be very different among experts and politicians — their views differ so much that it is extremely difficult to find consensus.

Several basic principles will be analysed in the context of postsoviet mental health systems which represent combination of modern evidence and values recognized by academic, political and civil sectors in most developed countries of the world. Paradoxically, all these principles, while making attempts to implement them into practice, face strong resistance by major stakeholders within mental health systems in postsoviet space.

I. Mental health policy needs to be clear, with mechanisms of measuring outcomes and based on modern principles of ethics and economics. Quality of management, decision making and provision of services are much more important than quantity of financial resources, psychiatrists or psychiatric services. Quantity not necessarily produces quality.

II. Development of psychiatry as classical biomedical speciality has a limited effect if it is not linked with modern public health approach and development of mental health care on the basis of biopsychosocial paradigm, evidence and ethical values. The main goal is to liberate psychiatry and the field of mental health from professional, political and geographical isolation which has caused numerous stigma and myths in this field.

III. Modern mental health policy invests in the culture of autonomy and participation. This means that services should be based on patients' needs, including basic need to fully participate in societal life and to make their own decisions in everyday life. This approach challenges traditional culture of dependency and paternalistic ideology of hierarchical relations between professionals and users of services. The environment of closed psychiatric institutions by its nature is not able to nurture the modern culture of autonomy and participation

IV. The best environment for implementation of a new mental health policy is a modern political context based on respect and trust-based relations between governmental, professional and non-governmental sectors. Strengthening of civil society is an obligatory condition for implementation of principles based on modern set of values and evidence in the field of mental health.

V. Effectiveness of mental health services is based on modern public health approach in which psychiatric profession shares power and responsibility with primary care, other health and social services, NGO sector and general society. Psychiatric services should focus more on modern care for severely mentally ill, while prevention of suicides, violence and alcohol and drug abuse are basically public health problems which cannot be solved just by investing in psychiatric institutions.

VI. If financial and human resources are allocated mainly in large psychiatric institutions, this creates a vicious circle when new investments in the system may only increase stigma, discrimination and social exclusion. Independent monitoring of system's performance and human rights is vitally needed for "correct diagnosis and correct therapy" of mental health systems. But this also means that the system has to be self-critical and to avoid self-feeding evaluations and decisions, which usually happens in closed systems without mechanisms of self-reflection and self-regulation.

In Lithuania, a new Mental health policy draft has been developed, which includes all modern basic principles of effective mental health services, oriented to the needs of service users and population. For the first time policy formulation was based on critical self-analysis of system's performance and allocation of resources. The next years will show if it is possible to implement new principles into everyday practice. The position of psychiatric professional group and its leadership will be very important in influencing political decisions and in moving to new quality of mental health policy and services.