

Mental Health Briefing Sheets

Facts and Activities in Member States

LITHUANIA

Situation on Mental Health

Suicide: Suicide rates in Lithuania are the highest in the world although they have been recently decreasing (41.1 cases per 100,000 population in 2003; 38.9 in 2004; 37.0 in 2005 and 28.9 in 2006) (EUROSTAT).

Mental disorders: Although no epidemiological research on the actual incidence of mental disorders has been conducted, there is, satisfactory and continuous medical statistics about patients treated for any mental disorder. At the moment there are almost 164,000 patients treated by mental health care specialists; accounting for about 4.85% of the total population. Of these 2.8% are treated for mental disorders and 2.05% for substance dependence.

Depression/anxiety: According to the Eurobarometer survey, 14% of the population have or have had chronic anxiety or depression, and 9% say that are undergoing medical treatment for this reason. Currently there are almost 21,500 patients with depression treated by mental health care specialists. The 80% coverage is applied to the treatment of moderate and severe depression and dementias.

Substance dependence: a pressing problem is the further spread of alcohol and drug abuse and dependence. The actual number of drug dependent people is unknown; nevertheless its growth is reflected by fast increasing demand for treatment. In 1994 there were only 26 clients per 100,000 and their number increased to 164 per 100,000 in 2005; this means a 4.5 times increase. Lithuania is also one of the leading countries in European Union in the amount of consumed alcohol. Drinking behaviour and alcoholism continue to be one of the most painful problems in Lithuania which puts the vision of a modern state and successful economic and social development in danger. During the period of 1999-2007 the prevalence of alcoholic psychosis alone has increased from 51.1/100,000 to 111/100,000 of population.

Children's mental health: Bullying in schools is highly prevalent, with 65% of girls and 77% of boys reporting bullying at least once in the previous couple of months (HBSC survey).

Policy context

In June 2005, the Committee presented a draft of a national mental health policy which reflects the values and principles of the Mental Health Declaration for Europe with a strong emphasis on the issues of mental health promotion and prevention of mental disorders. The Lithuanian health programme (1999) and the National Suicide Prevention programme (2002) include clear goals to improve the mental health of the population, to decrease the prevalence of suicides, to decrease level of alcohol consumption or the prevalence of psychiatric consequences of alcohol use. A recent priority of prevention of bullying has been identified in the country.

Seimas (the Parliament of Republic of Lithuania) approved the basic laws and programmes for regulation of mental health care. The Seimas passed Mental Health Care Act (in 1995), Narcotic and Psychotropic Substances Control Act (in 1998), State Programme on Mental Diseases Prevention (approved in 1999), National Drug Control and Drug Use Prevention Programme (approved in 1999), State Alcohol Control Programme (in 1999), Suicide prevention programme for 2003-2005 (approved in 2003).

In April of 2007 the Parliament of Republic of Lithuania approved the “National Mental Health Strategy”, based on the WHO Mental Health Declaration for Europe 2005. The national strategy covers a wide range of principles, priorities and recommendations. The principles of the strategy are stated as follows:

1. A special focus on human rights of mentally disabled persons;
2. Modern services which meet the needs of the patients;
3. A balance within a development of a bio-psycho-social model;
4. Support of principles of autonomy and participation;
5. Cases of common mental health disorders should be managed by primary and other non-specialist care sectors;
6. Mental health promotion and prevention of mental disorders should become an integrated part in the implementation of general health, education and social welfare policies;
7. Strengthening of the role of patients and non-governmental sector.

In May 2008 the Ministry of Health has sent to the Government of the Republic of Lithuania the project of the “Programme of implementation of the Mental Health Strategy” for approval.

Examples of activities on priority areas

It was established that the mainstream of the reform is to move from the existing prevalence of in-patient care to much more developed out-patient care which is to dominate in future. Mental health centres were to be set up at primary care level in all municipal areas. Every centre is to form a team of specialists, which is a psychiatrist for adults, a child and adolescent psychiatrist, a psychiatrist for dependences, two social workers, two or three nurses and one or two psychologists. Such a team is planned for every 60,000 of population on average. It can be seen that the composition of the team provides for more than just prescription or correction of out-patient treatment. Much concern is given to social problems, home visits, psychological help, family assistance, and occupational activities. Mental health centres start patients’ clubs, occupational rooms, where patients are taught various skills, train themselves in arts and music, go on outings and excursions, arrange their own poetry matinees, exhibitions, commemoration parties etc.

Currently there are as many as 75 Mental Health Centers and it has been identified as important to staff them with specialists. By now the centers have employed mental specialists already for almost 200 positions (adult, child and dependences psychiatrists’ altogether), roughly the same number of nurses, more than 130 social workers and about 80 psychologists.

The opportunity of adequate and high-quality out-patient treatment can be achieved as characteristics of in-patient treatment started changing. Firstly there was substantial shortening of average hospitalization – from 63.8 days in 1991 to 28.4 days in 2007. There might be doubts as to such short hospital stay – “aren’t the patients leaving too early for a stable remission?” But in the same time readmissions had tended to decrease during the last years. As a result it became possible to

reduce beds. Lithuania had 5380 psychiatric beds (in psychiatric hospitals) in 1991 and this number dropped on to 2637 in 2006.

Recent approved funding from the **EU structural funds has set 4** priorities in the health care sector: traumatology, oncology, cardiovascular diseases and mental health. EU funds that will be granted to Mental Health in 2009-2013 will be used for:

- The establishment of 5 crises intervention centers;
- The establishment of 5 psychiatric centers for children and families;
- The establishment of 20 day care centers;
- The modernization of the department's for very acute mentally ill patients in the 5 psychiatric hospitals.

Prevention of suicide and depression

In 1999 the State Mental Health centre was established to coordinate the development of mental health services. In 2000, the State Mental Health Commission was founded, and a National Conference on Suicide Prevention took place in Vilnius. It is planned to use EU structural funds for mental health to support the establishment of 5 crises intervention centers (2009-2013).

Mental health in youth and education

Lithuania has been participating since 1993 in the European network of health promoting schools (ENHPS) which also includes 199 preschool educational institutions. Wide spectrum of mental health programmes were offered for teachers and other who work with young people. In 1990, a Child Development Centre was founded by the ministry of Health, which, in affiliation with the Centre of Child Psychiatry and Social Paediatrics, developed a demonstration model of community based services for children and families at risk. A Child-line provides three forms of help: by phone, by internet and by post. In 2005 there were 1.2 million attempts to reach the service by phone but only 50.000 could be answered which underlying the need exceeds limits of the service. Child-line also initiated the campaign "Stop bullying" and facilitated the project "Child and adolescent mental health in Enlarged European Union: development of effective policies and practices".

Using EU structural funds, 5 psychiatric centers for children and families will be established (2009-2013). Moreover in May of 2008 the Minister of Health approved the "National Programme of Family Health".

Mental health at the workplace

The open environment cooperation model to integrate the disabled into labour market, aims to prepare, to adapt and to realise an open cooperation model of partnership, to create the conditions for integration of the disabled in the labour market through the system of social support.

Employment of people with mental health problems and mental disabilities aims to promote integration of people with mental and intellectual disabilities as well as their relatives in the job market.

Mental health in older people

Implemented by an NGO, in the "day care center for lonely mothers", senior citizens can offer their help to single mothers and provide short-time care for their children.

Older people have a possibility to share their life stories and experience, improve their social participation, give young women a break to look for a job and advise them in practical matters.

The 80% coverage is applied to the treatment of dementias.

Combating stigma and social exclusion

Modern approaches in the field of public mental health are often met with resistance by dominant biomedical attitudes amongst a large part of the population, as well as major stakeholders and decision makers. Such attitudes based on historical tradition, which lacked tolerance of vulnerable groups, were associated with stigma and discrimination of people with mental health problems. Therefore reforms in the educational curriculum for the future public health professionals are being undertaken. A new public mental health course within the Master Programme of Public Health was introduced in 2001 at Vilnius University.

¹ Sources of information for the production of this briefing sheet:

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Version revised and updated by Member State

Mental Health in Youth and Education. Consensus paper prepared by Jané-Llopis & Braddick (2008)

Mental Health and the Workplace. Consensus paper prepared by McDaid (2008)

Mental Health in Older People. Consensus paper prepared by Jané-Llopis & Gabilondo (2008)

Prevention of Depression and Suicide. Consensus paper prepared by Wahlbeck & Mäkinen (2008)

Contributions from Member States - 2008, available at: <http://www.ec-mental-health-process.net/>

EMIP Consortium (2006). Country reports: Implementation of Mental Health Promotion and Prevention Policies and Strategies in the EU member states and applicant countries (EMIP)

McCollam et al., (2008). Mental Health in the EU - Key facts, figures and activities. A background paper.

Jané-Llopis & Anderson (Eds) (2006). "Mental health promotion and mental disorder prevention across European Member States: a collection of country stories" (2nd edition), Luxembourg: European Communities

Report: WHO Mission to Lithuania: Assess the challenges to implement the mental health strategy; 15th-18th of May 2007

EUROSTAT