

# Infrastructure, Policies and Practices in Child and Adolescents' Mental Health

## CAMHEE PROJECT –

### COUNTRY PROFILES QUESTIONNAIRE<sup>1</sup> - LITHUANIA

#### 1. BACKGROUND INFORMATION

1.1 Details of Project Co-ordinator (person with overall responsibility for co-ordinating the completion of the Country Profile)

Name	Sigita Lesinskiene		
Country	Lithuania		
Area of work	<input type="checkbox"/> Government <input type="checkbox"/> NGO <input checked="" type="checkbox"/> Academic <input type="checkbox"/> Other _____		
Profession	Child psychiatrist		
Please specify if your work entails the following (please tick all that apply)	<input checked="" type="checkbox"/> Mental health care	<input checked="" type="checkbox"/> <u>Mental disorders prevention</u>	<input checked="" type="checkbox"/> <u>Mental health promotion</u>
Position and Title	WP4 Coordinator		
Organisation	Vilnius University, Faculty of Medicine, Clinic of Psychiatry		
Contact Address	Vytauto str. 15, LT- 08118 Vilnius		
Phone	+370 5 275 75 45		
Fax	+370 5 273 01 53		
E-mail	Sigita.Lesinskiene@vrc.vu.lt		

1.2 Inclusive dates of data entry (dd/mm/yy through dd/mm/yy): 07/04/2008-31/12/2008

1.3 Will this questionnaire describe the situation at the national or a regional level?

- National – Go to 1.4  
 Regional only – If regional only, please specify which region or regions are covered?

.....

<sup>1</sup> This questionnaire is based and adapted mainly from Imhpa + HP-source questionnaire for Prevention and Promotion in Mental Health and the Mental and Neurological Health Policy and Services Development Country Profiles Questionnaire

#### 1.4 Details of members involved in the working group.

Name	Area of work (e.g. Govt, NGO, academic etc)	Profession/ Area of work	Position/ Title	Organisation	Contact Address
Marija Veniūtė	Academic, NGO	Public health	Researcher	Vilnius University, MTVC (Training, research, development centre)	Antakalnio str. 22B, LT-10305 Vilnius
Ingrida Beliauskienė	Academic	Child mental health	Administrator	Vilnius University, Clinic of Psychiatry, Center for Child psychiatry and social pediatrics	Vytauto str. 15, LT- 08118 Vilnius

Information about CAMHEE Project goals and objectives, with specific focus on Country Profile, was disseminated among the major governmental institutions, NGOs and other CAMH related sectors and bodies in the country. Eventually a group of country experts were convened to discuss the situation of CAMH in Lithuania on the basis of most comprehensive analytical data on Infrastructure, Policies and Practices in CAMH.

June 10, 2008 in close cooperation of Children's Rights Ombudsmen in Lithuania, a Round Table discussion was organized, where 30 country experts from various fields working in CAMH participated and presented the activities each institution perform on CAMH, provided with strengths and weaknesses as well as suggestions for improvement of CAMH promotion, prevention and care.

The detailed list of country experts group is presented below:

Name	Area of work (e.g. Govt, NGO, academic etc)	Profession/ Area of work	Position/ Title	Organisation
Delegated representative	Governmental body	Policy development	Advisor	Lithuanian Parliament, Commission of family and child affairs
Romualdas Žekas	Governmental body	Health policy	Head of Secretariat	National Health Board under the Parliament
Anžela Slušnienė	Governmental body	Mental health	Senior specialist	Ministry of Health of the Republic of Lithuania
Rimantė Šalaševičiūtė	Governmental body	Children's rights	Ombudsmen	Children's rights ombudsman institution of the Republic of Lithuania
Aldona Jociūtė	Governmental body	Healthy schools	Head of the department for coordination of healthy schools network	State Environmental Health Centre
Audra Mikaluskaitė	Governmental body	Social care	Deputy director of Children and youth affairs department	Ministry of Social Security and Labour
Edita Maščinskaitė	Governmental body	Education	Senior specialist of Special needs	Ministry of Education and Science

			Education Department	
Inga Bankauskienė	Governmental body	Drug control policy and strategy	Head of Department	Drug control department under the Government of the Republic of Lithuania
Vida Leonienė	Governmental body	Drug control policy and strategy	Senior specialist	Drug control department under the Government of the Republic of Lithuania
Ona Davidonienė	Governmental body	Mental health	Director	The State Mental Health Centre
Jurgita Sajevičienė	Governmental body	Mental health	CAMHEE project coordinator	The State Mental Health Centre
Rimantė Šalaševičiūtė	Governmental body	Children's rights	Ombudsmen	Children's rights ombudsman institution of the Republic of Lithuania
Kristina Matuzienė	Governmental body	Children's rights	Advisor to Ombudsmen	Children's rights ombudsman institution of the Republic of Lithuania
Irma Čižienė	Governmental body	Education, pedagogical psychology	Director	National Centre for Special Needs Education and Psychology
Sigita Kemerienė	Governmental body	Education, pedagogical psychology	Head of Psychology Department	National Centre for Special Needs Education and Psychology
Gražina Šapalaitė	Governmental body	Social affairs	Advisor	Association of Local Authorities in Lithuania
Dana Migaliova	NGO	Social affairs, provider of social services	Head of „Viltis“ welfare Society, CAMHEE WP7 co-leader	Lithuanian Welfare Society For People With Intellectual Disability "VILTIS"
Natalija Olesova	NGO	Social affairs, provider of social services	„Viltis“ board secretary, CAMHEE WP7 coordinator	Lithuanian Welfare Society For People With Intellectual Disability "VILTIS"
Sandra Pačinaitė	NGO	Social affairs, provider of social services	Lawyer of „Viltis“ Society	Lithuanian Welfare Society For People With Intellectual Disability "VILTIS"
Vita Danilevičiūtė	Academic institution	Psychiatry	Head of Psychiatry Clinic	Vilnius University, Faculty of Medicine
Albinas Bagdonas	Academic institution	Psychology	Professor of general psychology	Vilnius University, Faculty of Philosophy, Department of General Psychology
Rasa Barkauskienė	Academic institution	Psychology	Head of psychology department	M.Riomeris University
Antanas Goštautas	Academic institution	Psychology	Professor of psychology at the Department	Vytautas Magnus University, Faculty of Social Sciences

			of Theoretic Psychology	
Inga Žvinytė	Governmental body	National defence	Senior specialist	Ministry of National Defence, Crisis Management Centre
Nomeda Cibarauskienė	Governmental body	Police	Head of prevention department	Vilnius City Police Headquarters
Virginija Karalienė	NGO	Mental health care	Child and adolescent psychiatrist	Lithuanian Society for Child and Adolescent Psychiatry
Vida Matulionienė	NGO	Mental health care	Child and adolescent psychiatrist	Association of Mental Health Centres in Lithuania
Raminta Aleiūnaitė	NGO	Psychology	Psychologist	Youth Psychological Aid Centre
Jurgita Misiūnaitė	NGO	Psychology	Psychologist	NGO "Vaiko Labui"

**A significantly high interest of country experts was expressed to continue CAMH round table discussions regularly (twice per year).**

**The WP4 working group has collected a huge amount of information about practices, activities, projects and other initiatives, which are carried out in the field of CAMH by governmental and non-governmental institutions. A substantial amount of information was collected about CAMH issues appearing in the media (a file of press releases and descriptions of practices in Lithuanian is collected and hold by CP Working Group).**

## 2. POLITICS, POLICIES AND PRIORITIES

*This covers public policy and judicial enactments, which may impact on children's and adolescents' mental health (CAMH) in either a positive or negative way, including general public health measures, taxation, general legislation, equity and human rights. Please indicate the presence or absence of each policy and the year it was made.*

- 2.1 Have **national (or regional) level**<sup>2</sup>, governmental policy documents for children and adolescents' mental health been published (available in paper or electronic format) in any of the following areas?

Please tick  if any policies available, even if not all in a category are available, and give specifications of each policy as a separate document reference.

**Please specify** if all or some of these are at regional level rather than national level:

### 2.1.1. GENERAL POLICIES related to CAMH

National	Regional	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(i) Poverty and social exclusion <b>[Document Reference]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(ii) Social welfare (e.g. benefits and payments for disabled) <b>[Document Reference]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(iii) Child protection <b>[Document Reference]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(iv) Education and school programmes <sup>2</sup> (e.g., school age, availability) <b>[Document Reference]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(v) Day care legislation/policy for pre-school children <b>[Document Reference]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(vi) Family friendly workplace policies <b>[Document Reference]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(vii) Adoption, fostering policies <b>[Document Reference]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(viii) Industrialisation policies (e.g. building & expansion causing displacement) <b>[Document Reference]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(ix) Urbanisation policies (e.g. growth & expansion rates of towns, cities & their infrastructure) <b>[Document Reference]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(x) Housing (e.g. state provided housing for certain groups, etc.) <b>[Document Reference]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(xi) Anti discrimination (e.g., race, gender, disability, etc.) <b>[Document Reference]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	(xii) Other that apply directly or indirectly to CAMH <b>[Document Reference]</b>

**All related CAMH policy documents as requested, are enclosed in a separate Annex 1.**

<sup>2</sup> If you are answering the questionnaire for a region rather than at the national level, please indicate for which region on p.1 of the questionnaire

SPECIFIC POLICIES and LARGE-SCALE PROGRAMMES for CAMH

Please tick  as appropriate to indicate the scale of the policies/programmes and whether the action has gone beyond the stage of approval to be allocated a budget and implemented.

National	Regional*	Budgeted + Implemented	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i) Programmes for <u>infants and toddlers</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(ii) Parenting support provision <b>[Document Reference]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(iii) To improve life skills (education in life skills, socio emotional learning, etc.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(iv) To prevent depression and anxiety <b>[Document Reference]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(v) To prevent suicide and self-harm/mutilation <b>[Document Reference]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(vi) To prevent violence and aggression towards children/adolescents <b>[Document Reference]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(vii) To prevent violence and aggression perpetrated by children/adolescents <b>[Document Reference]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	viii) To prevent criminal detention <b>[Document Reference]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ix) To reduce stigma and discrimination (racism, bullying, homophobia) <b>[Document Reference]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(x) To prevent disorders in children associated with parental mental health problems <b>[Document Reference]</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(xi) To prevent disorders in children associated with parental alcohol and drug problems <b>[Document Reference]</b>

\* - in Lithuanian context regional is meant mainly municipal (local) level.

**Detailed list of references is enclosed in Annex 2.**

2.2. Please summarise the key points of the most important mental health policies for the improvement of mental health of children and adolescents and when they were enacted (put into action). Describe briefly how implementation has proceeded, and any problems/obstacles that have emerged in the course of implementation

Most important mental health policies etc	When enacted (put into action)	Key points of implementation process and obstacles to implementation.
State Mental Health Strategy	In 2007	A Plan of measures for 2008-2010 drafted in June 2008, not implemented yet.

**National Mental Health strategy cover CAMH policy issues aiming:**

- to improve CAMH care by implementing prevention, treatment and rehabilitation programmes in order to strengthen mental health protective factors in children, families and communities and to prevent negative socialization consequences; The main focus should be devoted to CAMH, prevention of children emotional and social development, parenting programmes, for prevention of suicides, dependency disorders and violence as well as other health problems of young people;
- to support state an local level mental health promotion and prevention programmes as an inseparable part of public health, education and social programmes firstly by ensuring continuous funding in the respective areas: 1) teaching of risk group parents of parenting skills especially at early infancy and childhood; 2) CAMH promotion at schools and community;
- to develop and finance effective evidence and European values based prevention, treatment and rehabilitation programmes, in order to improve mental health of children, families and communities, strengthen psychological resilience for prevention of social exclusion and promoting social integration of vulnerable groups;
- to strengthen family physician institution and it's abilities to provide care for majority of patients with mental health problems; also to seek for higher qualification of family physicians in the field of mental health, to improve their skills, competencies and motivation to diagnose and treat mental disorders.
- To develop psychotherapy services;
- To promote development of outpatient modern services for treatment of specific and widely prevalent mental disorders (like eating disorders, first psychosis episode in adolescence and youth); also to provide crisis intervention services and other outpatient care and rehabilitation services;

Eventually, none of the respective aspects have been developed further or implemented despite of the fact that 1.5 years have already passed from the approval of the policy document.

Have non-governmental (private enterprise, research institute, NGO, etc) policy documents on child and adolescents' mental health been published?

- Yes – if yes, please specify below: (a)  
 No – Go to 2.4  
 Don't Know/Unsure – Go to 2.4

(a) Please provide the origin, content area and **[Document Reference]** for of the policy document.

	Non-governmental bodies	Content area of policy document	Document reference
(i)			
(ii)			
(iii)			
(iv)			

2.4. Is there an ombudsman for children's rights in your country/region?

- Yes** – Please give details as an **[Organisational Reference(s)]**  
 No – please state here which department/body is responsible for children's rights, if any

**Children's Rights Ombudsman Institution in Lithuania:** <http://www3.lrs.lt/pls/inter/vaikai>

### 3. MONITORING, SURVEILLANCE AND EVALUATION

*This section covers the monitoring and assessment of trends in children's and adolescents' mental health (CAMH) – both positive and negative – and the evaluation of policies and action aimed at improving or maintaining CAMH.*

3.1 Is there information on the prevalence of mental disorders among children and young people (e.g. MH disorder prevalence rates) in young country?

- Yes – go to part (a)**  
 No – go to section 3.3

(a) Is the information available at a nation or regional level?

- National – go to part (b)**  
 **Regional (specify) \_\_\_\_\_ - go to part (b)**

(b) What are the sources of data of prevalence rates of childhood mental disorders?  
 (Please tick  all that apply)



- National surveys carried out for the National office of statistics or National Statistical Institutes (NSIs)**  
 **Administrative data (GP records, Hospital records, registries)**

3.2 Using what you regard as the best source of data, please give prevalence rates for the following child/adolescent mental disorders:

Where data is not available, please use the following codes to specify:

- The data is not collected – N/C
- The data is available but not in the detail or categories specified here – N/Spec
- The data is available but you do not have access to it – N/Acc
- The data is available but there are concerns over its quality – C/Q



- You do not know if the data is collected – N/K

Disorder	Prevalence (%) to 1 decimal place (or not available code)	Age range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Year of most recent data collection
3.2.1 <u>Anxiety disorders</u> 	N/Acc				
3.2.2 Depression (moderate to severe diagnosis)	N/Acc				
3.2.3 Bipolar disorder (Manic-depressive)	N/Acc				
3.2.4 Attention-Deficit/Hyperactivity Disorder (ADHD)	5,3%	7-11yrs	2003	ADHD rating scales	2003
3.2.5 <u>Learning disorders</u> 	N/Acc				
3.2.6 Conduct disorder (act out their feelings or impulses in destructive ways)	N/Acc				
3.2.7 Eating disorders	N/Acc				
3.2.8 Autism and pervasive developmental disorders	59/10 000 children for Asperger syndrome, 12/10 000 children for autistic disorder	7-16	2000	Autism and Asperger syndrome rating scales	1999
3.2.9 Schizophrenia	N/Acc				
3.2.10 Self-mutilation or self harm	N/C				
Disorder	Prevalence (%) to 1 decimal place (or not available code)	Age range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Year of most recent data collection
3.2.11 Childhood/Adolescent suicide attempt	N/Acc				
3.2.12 Childhood/Adolescent Suicide	23 cases or 3.4/100000 children	1-17	per 2006 year	Data of Statistics Lithuania	
3.2.13 Other common disorder in your country (please specify): - Mental retardation	0,31% for moderate and severe mental retardation	5-15	1986	Clinical evaluation	1985

3.3 Please give the percentage of the following child population (if available).

Where data is not available, please use the following codes to specify:

- The data is not collected – N/C
- The data is available but not in the detail or categories specified here – N/Spec
- The data is available but you do not have access to it – N/Acc
- The data is available but there are concerns over its quality – C/Q
- You do not know if the data is collected – N/K

Vulnerable child populations	% of child population (or not available code)	Age-range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Description of the data given (e.g. region/ city data applies to, qualitative explanatory information, Year, accurate reflection? etc.)
3.3.1 Children living in poverty	31.4 %	0-17	2006	Data of Statistics Lithuania	
3.3.2 Homeless children	67 children / 5 % of the homeless	0-20	2001	Population and Housing Census 2001	
3.3.3 <u>Early school leavers</u>  (Please specify age range)	8.7 % of population aged 18-24	18-24	2007	Data of Eurostat	
3.3.4 Children experiencing bullying	36 % of boys and 32 % of girls	11, 13 and 15 years old school children	2002	Research of Health Behaviour in School-Aged Children, coordinated by WHO.	
3.3.5 Youth unemployment	9.8 %	15-24	2006	Data of Statistics Lithuania	
3.3.6 Children in care (living in any residential places <b>other than families</b> )	5994 children/ 0.83 %	0-17	2006	Data of Statistics Lithuania	
3.3.7 Asylum seeker children	165 children	0-17	Per 2007 year	Data of migration Department under the Ministry of the Interior	
3.3.8 <u>Traveller children</u> 	1183 gipsies	0-19	2001	Population and Housing Census 2001	
3.3.9 Juvenile offenders (cautioned or prosecuted)	3600 children aged 14-17 or 1.7 %	14-17	Per 2006 year	Data of Statistics Lithuania	
3.3.10 Children abandoned due to parental migration for employment	916 children	0-17	2007	Children, who were identified in need of support due to parents emigration abroad	
3.3.11 Other Vulnerable populations: _____ _____					

3.4 Is there information on national or regional child and adolescents' positive mental health (e.g. children's wellbeing, self-esteem, quality of life, resilience, etc) collected through monitoring and/or surveillance activities (tick  one)?

Yes – please provide **[Document Reference]** for the most recent report

**There are many research projects constantly going on within the field of CAMH. They are conducted in universities and research institutes in several fields – medical, pedagogical, psychological, sociological. Supported by funds, universities, municipalities. Publications :**

**Girdzijauskienė S., Lesinskienė S., Gintilienė G., Pūras D., Butkienė D. Risk and well-being factors of mental health disorders in primary school children. Public Health (in Lithuanian), ISSN 1392-2696, 2007, Vol. 4(39), 27-33.**

**Lesinskienė S., Mickevičiūtė D.E., Sidaravičiūtė I. Investigation of quality of life of children with acute and chronic diseases (In Lithuanian) // Theory and Practice in Medicine, ISSN 1392 – 1312, 2003, nr.4 (36), p. 289-292.**

**There are systematic research projects on adolescents mental health in Kaunas, main researcher prof. Antanas Goštautas (whole range of publications).**

No – Please use coding for not available as above (NC, N/Acc etc): \_\_\_\_\_ - Go to 3.6

3.5 Using what you regard as the best source of data, please give prevalence rates for the following aspects monitored for positive CAMH:

Positive child and adolescent mental health	Prevalence (%) to 1 decimal place or N/A (not available)	Age range	Reference period (week, month, year, lifetime)	Instrument and version used to measure	Year of most recent data collection
3.5.1 Wellbeing/self-esteem (please specify) _____ _____	N/A				
3.5.2 Quality of Life _____ _____	N/A				
3.5.3 Resilience _____ _____	N/A				
3.5.4 Other (please specify) _____ _____	N/A				

3.6 Are policies for children and adolescents evaluated and reported in the following areas (tick  all that apply)?

(i) Mental health service and care policies **[National Mental health strategy, 2007]**

(ii) Mental health promotion policies (evaluation and/or reporting) **[National Mental health strategy, 2007]**

(iii) Mental disorder prevention (evaluation and/or reporting) **[National Mental health strategy, 2007]**

None of the above

Where applicable comment on evaluation and/or reporting process, methods, variables, etc using the table below.

Policy	Evaluation methodology	Reporting process including Document Reference
(i) Mental health service and care policies	Evaluation performed using various methodologies mainly on the initiative of scientific and academic community	
(ii) Mental health promotion policies (evaluation and/or reporting)	Evaluation performed using various methodologies mainly on the initiative of scientific and academic community	
(iii) Mental disorder prevention (evaluation and/or reporting)	Evaluation performed using various methodologies mainly on the initiative of scientific and academic community	

#### 4. IMPLEMENTATION

*This covers initiatives and capacity for public health action aimed at improving, maintaining or promoting CAMH. Providers of services and programmes should be included in this section. Please indicate the availability of services and programmes as the percentage of the relevant child population with access to the specified action (whether it is universal, targeted or indicated).*

- 4.1. Please provide names and **[Organisational Reference(s)]** for the principal bodies (main providers) that are involved in implementing programmes and other action (such as helpline initiatives, services and legislation affecting MH) for children and adolescents:

4.1.1. Mental health care and services:

**Mental Health Services, Early Rehabilitational Teams, Vilnius University Children's Hospital affiliate: Child Developmental Centre, 5 in-patient child psychiatric units. Broadly described in section 8.**

4.1.2. Mental health promotion and mental disorder prevention:

**Governmental (sectors of Health, Education, Social Affairs) and nongovernmental institutions.**

- 4.2 How available are services for child and adolescents' mental health care and treatment? (Please circle the category that best applies).

If you circle "1-25%" or higher, please provide quantification in the column "quant", such as % service provision per 100,000 population (if available). If you do not know the approximate availability, please write D/K in the quantification column.

Where service availability varies in different parts of your country, please try to take the country or region as a whole. The term "appointment" also includes telephone consultations.

Services	Not available ↓	1-25%	26-50%	51-75%	Widely available ↓	Quant. or D/K ↓
4.2.1 Child Psychiatric appointments	0%	1-25%	26-50%	51-75%	<b>76-100%</b>	_____
4.2.2 Psychologist appointments	0%	1-25%	26-50%	51-75%	<b>76-100%</b>	_____
4.2.3 Social service appointments for children (e.g. child protection)	0%	1-25%	26-50%	51-75%	<b>76-100%</b>	_____
4.2.4 Family therapy/counselling appointments	0%	1-25%	<b>26-50%</b>	51-75%	76-100%	_____
4.2.5 Infant-specific services						

(e.g. early intervention services)	0%	<b>1-25%</b>	26-50%	51-75%	76-100%	_____
4.2.6 Adolescent-specific services (e.g. outpatient centres)	0%	<b>1-25%</b>	26-50%	51-75%	76-100%	_____
4.2.7 Group therapy	0%	<b>1-25%</b>	26-50%	51-75%	76-100%	_____
4.2.8 School counselling	0%	1-25%	26-50%	<b>51-75%</b>	76-100%	_____
4.2.9 Pharmacological treatment	0%	1-25%	26-50%	51-75%	<b>76-100%</b>	_____
4.2.10 Psychosocial rehabilitation centres for adolescents	0%	<b>1-25%</b>	26-50%	51-75%	76-100%	_____
4.2.11 in-patient beds on general psychiatric ward	0%	1-25%	26-50%	51-75%	<b>76-100%</b>	_____
4.2.12 in-patient beds on child psychiatric ward	0%	1-25%	26-50%	51-75%	<b>76-100%</b>	_____
Other (please specify):						
4.2.13 _____	0%	1-25%	26-50%	51-75%	76-100%	_____
4.2.14 _____	0%	1-25%	26-50%	51-75%	76-100%	_____

- 4.3. How available are programmes for child and adolescents' mental health promotion and mental disorder prevention? (Please circle the category that best applies).

If you circle "1-25%" or higher, please provide quantification in the column "quant", such as % service provision per 100,000 population (if available). Please also provide **[Document Reference(s)]** and include a few lines describing some of the key programmes that exemplify high quality in your country of region.

If you do not know the approximate availability, please write D/K in the quantification column

Programmes	Not available ↓		Widely available ↓			Quant. or D/K ↓
4.3.1 Home-based for infants	0%	1-25%	<b>26-50%</b>	51-75%	76-100%	_____
4.3.2 Home-based for children	0%	<b>1-25%</b>	26-50%	51-75%	76-100%	_____
4.3.3 Parenting programmes (general population)	0%	<b>1-25%</b>	26-50%	51-75%	76-100%	_____
4.3.4 Parenting programmes (specified at risk population)	0%	<b>1-25%</b>	26-50%	51-75%	76-100%	_____
4.3.5 School mental health promotion (e.g. teaching well-being life skills)	0%	1-25%	26-50%	<b>51-75%</b>	76-100%	_____
4.3.6 School targeted preventive programmes (e.g. anti-bullying)	0%	1-25%	26-50%	51-75%	<b>76-100%</b>	_____
4.3.7 Drug and alcohol abuse prevention	0%	1-25%	26-50%	<b>51-75%</b>	76-100%	_____
4.3.8 Promotion/prevention at hospital/clinic	0%	1-25%	26-50%	<b>51-75%</b>	76-100%	_____
4.3.9 In Churches, clubs, recreation centres	0%	1-25%	<b>26-50%</b>	51-75%	76-100%	_____
4.3.10 Promotion/prevention via Internet	0%	1-25%	26-50%	<b>51-75%</b>	76-100%	_____
4.3.11 Protective services	0%	1-25%	26-50%	<b>51-75%</b>	76-100%	_____
4.3.12 Custodial settings (detention centres)	0%	1-25%	26-50%	<b>51-75%</b>	76-100%	_____
4.3.13 Community settings	0%	1-25%	<b>26-50%</b>	51-75%	76-100%	_____
4.3.14 telephone counselling	0%	1-25%	26-50%	51-75%	<b>76-100%</b>	_____
Other (please specify):						
4.3.15 _____	0%	1-25%	26-50%	51-75%	76-100%	_____
4.3.16 _____	0%	1-25%	26-50%	51-75%	76-100%	_____

- 4.4. In addition, are there specific subgroups of children and adolescents that have access to specially designated mental health services or promotion/preventive action, tailored to the subgroup's unique needs?<sup>3</sup>

If you circle "1-25%" or higher, please provide quantification in the column "quant", such as % service provision per 100,000 population (if available). Please also provide **[Document Reference(s)]** and include a few lines describing some of the key programmes that exemplify high quality in your country of region.

If you do not know the approximate availability, please write D/K in the quantification column

Subgroups	<u>Specially designed services</u>					Quant. or D/K ↓
	Not available ↓				Widely available ↓	
4.4.1 Minority groups	0%	1-25%	26-50%	51-75%	<b>76-100%</b>	_____
4.4.2 Migrant populations	0%	1-25%	26-50%	<b>51-75%</b>	76-100%	_____
4.4.3 Orphans	0%	1-25%	26-50%	51-75%	<b>76-100%</b>	_____
4.4.4 Children living in poverty	0%	1-25%	26-50%	<b>51-75%</b>	76-100%	_____
4.4.5 Runaways/homeless	0%	1-25%	<b>26-50%</b>	51-75%	76-100%	_____
4.4.6 Refugees/disaster-affected populations	<b>0%</b>	1-25%	26-50%	51-75%	76-100%	_____
4.4.7 "Seriously emotionally disturbed"	0%	1-25%	<b>26-50%</b>	51-75%	76-100%	_____
4.4.8 Victims of bullying	0%	1-25%	26-50%	<b>51-75%</b>	76-100%	_____
4.4.9 Early school leavers	0%	1-25%	26-50%	<b>51-75%</b>	76-100%	_____
4.4.10 Unemployed youth	0%	1-25%	<b>26-50%</b>	51-75%	76-100%	_____
Other (Please specify):						
4.4.11 _____	0%	1-25%	26-50%	51-75%	76-100%	_____
4.4.12 _____	0%	1-25%	26-50%	51-75%	76-100%	_____

<sup>3</sup> Question adapted from WHO MH Atlas on children and adolescents (2005)

## 5. KNOWLEDGE DEVELOPMENT, RESEARCH AND INFORMATION DISSEMINATION

*This section covers country or regional initiatives to develop the knowledge base and disseminate knowledge in the area of children's and adolescents' mental health.*

*Please indicate and give details in an accompanying reference sheet for key research and dissemination activities and the organisations which carry this out.*

5.1 Provide **[Document or Organisational Reference(s)]** of up to 3 key research projects being conducted in your country into:

### 5.1.1 Child and adolescent psychiatric disorders

**(i) One of the biggest projects was an epidemiological project of child mental and behavioural disorders, started to perform in Vilnius University in 2003-2005. Target group was children 7-16 years old, parents, teachers and 11-16 old children investigated in 15 urban, 10 town, 22 rural schools. Information about 3334 children was received and data establishing the prevalence are still being analyzed in cooperation with Norwegian colleagues and prof. R. Goodman (UK). Two main publications were prepared from the data of this study, and others still are in the process.**

**1. Gintilienė G., Girdzijauskienė S., Černiauskaitė D., Lesinskienė S., Povilaitis R., Pūras D. A standardized Lithuanian version of Strengths and difficulties questionnaire (SDQ) for school – aged children. Psychology, ISSN 1392-0359, 2004, nr. 29, 88-105.**

**2. Girdzijauskienė S., Lesinskienė S., Gintilienė G., Pūras D., Butkienė D. Risk and well-being factors of mental health disorders in primary school children. Public Health (in Lithuanian), ISSN 1392-2696, 2007, Vol. 4(39), 27-33.**

**(ii) Another important research project has been performed in Vilnius University. The relations of Lithuanian preschool children (aged 2-5 years old) emotional and behavioural problems with the social demographic factors are analysed in this project.**

**Publication: Jusiene R., Rainiene S., Barkauskiene R., Bieliauskaite R., Dervinyte Bongarzoni A. The risk factors of emotional and behavioural problems in preschool age. Public Health, (in Lithuanian), ISSN 1392-2696, 2007, Vol. 4(39), 46-54.**

**(iii) There is a whole range of publications investigating various aspects of developmental disorders. Most wide and prominent is on autistic spectrum disorders.**

**Lesinskienė S., Pūras D. Epidemiology of childhood autism // Theory and Practice in Medicine, ISSN 1392-1312, 2001, Vol.3 (27), 124-128.**

### 5.1.2 Care related issues

**There are also several research projects that were investigating development of services and service delivery. They were published internationally and nationally:**

**1. Lesinskiene S., Ranceva N., Vitkute-Maigiene L., Stacevic I., Mitrauskas M., Cincikiene L. Dynamics of inpatient child psychiatric care in the timeframe 1995-2005 (Vilnius University Child Developmental Center). International Journal of Psychiatry in Clinical Practice, 2008, 12:4, 247-255.**

**2. Lesinskienė S., Jegorova N., Ranceva N. 2007. Nursing of young psychotic patients: analysis of work environments and attitudes. Journal of Psychiatric and Mental Health Nursing, ISSN 1351-0126, 2007, 14, 758-764.**

**3. Lesinskienė S., Šenina J., Ranceva N. 2007. Use of the HoNOSCA scale in the teamwork of in-patient Child psychiatry unit. Journal of Psychiatric and Mental Health Nursing, 2007, 14, 727-733.**

4. Pūras D., Lesinskienė S., Povilėnaitė S., Blažys V., Chaffin M. Child and adolescent mental health emergency services in Lithuania. *International Journal of Emergency Mental Health*, ISSN 1522-4821, 2001, Nr. 2(3), 73-76.

5. Simonsen L., Pūras D., Lesinskienė S. Analysis of children mental health services, provided in mental health centres (In Lithuanian) // *Public Health*, ISSN 1392-2888, 2003, Nr. 4(23), 33-38.

#### 5.1.3 Prevention of mental disorders

(i) Antanas Gostautas. Psychosocial adjustment difficulties among hospitalized adolescents with neurological and physical disorders. Vytautas Magnus University.

Psychosocial adjustment of adolescents with health disorders has been studied extensively. However, it is unclear whether different health disorders have specific impact on adjustment, or disorder in general relates to the development of adjustment difficulties as a factor limiting adolescent's physical and social activity. This study was aimed to identify peculiarities of psychosocial adjustment difficulties among hospitalized adolescents with neurological and physical disorders and secondary school students. <http://en.scientificcommons.org/34451774>

(ii) Antanas Gostautas. Factors related to the length of solution-focused brief therapy working with adolescents. Vytautas Magnus University. <http://en.scientificcommons.org/34450721>. The objective of the study was to identify factors related to the number of solution-focused brief therapy sessions required to solve adolescents' problems. The study was conducted at the foster care and health care institutions.

(iii) Antanas Gostautas et al. Personality correlations with depressiveness among adolescents. *Medicina* 2003; 39 (2): 186-93.

#### 5.1.4 Promotion of mental health

- (i) Health promoting schools network programme, performed by Environmental health centre in Vilnius, <http://vasc.sam.lt/>
- (ii) Health promotion feasibility study among preschool age children and schoolchildren; The study is being performed at Kaunas University of Medicine, Institute of biomedical research, Department of Social paediatrics;
- (iii) The impact of schoolchildren lifestyle and social environmental factors upon children health. The study is being performed at Kaunas University of Medicine, Institute of biomedical research, Department of Social paediatrics;
- (iv) Quality of life of children with disabilities. The study is being performed at Kaunas University of Medicine, Institute of biomedical research, Department of Social paediatrics;

5.2 What are the principal bodies involved in information dissemination to keep health care professionals informed about children's and adolescents':

5.2.1 Mental health care and services provision? Please provide **[Organisational Reference(s)]** and include a few lines describing the organisation's dissemination activities.

- National Health Board under the Parliament of Lithuania, [http://www3.lrs.lt/pls/inter/w5\\_show?p\\_k=1&p\\_r=692](http://www3.lrs.lt/pls/inter/w5_show?p_k=1&p_r=692)
- State Mental Health Centre, [www.vpsc.lt](http://www.vpsc.lt) Dissemination activities cover publications of books, booklets, posters, organization of public campaigns, competitions for children etc.
- Ministry of Health, [www.sam.lt](http://www.sam.lt)
- State Patients Fund, [www.vlk.lt](http://www.vlk.lt) Dissemination activities cover publications and press releases mainly
- NGO "Viltis", [www.viltis.lt](http://www.viltis.lt)
- Lithuanian Society for Children and Adolescents Psychiatrists <http://www.lvppd.lt>. Dissemination through conferences, publications in the press.

5.2.2 Mental health promotion and mental disorder prevention? Please provide **[Organisational Reference(s)]** and include a few lines describing the organisation's dissemination activities.

- Ministry of Health, [www.sam.lt](http://www.sam.lt)
- Ministry of Education and science, [www.smm.lt](http://www.smm.lt)
- State Drug Control Department, [www.nkd.lt](http://www.nkd.lt)
- State Mental Health Centre, [www.vpsc.lt](http://www.vpsc.lt)
- National Health Board under the Parliament of Lithuania
- Academic institutions;
- Numerous amounts of NGOs

Dissemination is performed via annual institution activity reports, conferences, project dissemination activities, publications, public activities etc.

## 6. YOUTH INVOLVEMENT

*Here, we are interested in how children and adolescents are included in the process of policy decision-making and programme planning and implementation, which aims to affect their mental health and well being. This includes means by which children are consulted, through surveys or focus groups for opinion and information as well as their involvement as active agents in programme implementation (e.g. in peer-led initiatives).*

6.1 Are children and adolescents involved in:

6.1.1 Implementing national, regional and municipal programmes in the field of CAMH and related fields?

**Yes** – provide **[Document Reference]** and briefly describe

**Some institutions and NGO's actively involve children, especially adolescents when implementing national, regional and municipal programmes.**

No

6.1.2 Programme design and implementation of mental health promotion and/or mental disorder prevention programmes?

**Yes** – provide **[Document Reference]** and briefly describe

**As good example – Parliament of Schoolchildren of Lithuania, <http://www.lmp.lt/>**

No

6.1.3 Decision-making processes?

**Yes** – provide **[Document Reference]** and briefly describe

**In sector of Education this is widespread, in Health sector – not.**

No

6.1.4 Development of CAMH policies?

**Yes** – provide **[Document Reference]** and briefly describe

**Representatives from NGO sometimes involved in working groups.**

No

**Document references listed in sections 2.1.1. and 2.1.2**

6.2 In your opinion, what could be done in your country to increase participation of children and adolescents in the development of action for mental health?

**To implement more programs on CAMH promotion and prevention in kindergardens, primary and secondary schools, increase number of professionals working there and increase funding.**

## 7. HUMAN AND FINANCIAL RESOURCES

*This section asks about professional resources and financial resources, looking at the provision mechanisms, distribution and availability as well as the quality of human resources (specialisation and training) in the field of CAMH in your country.*

### Professional Workforce

7.1 Is higher education specifically in children and adolescents' mental health promotion and/or mental disorder prevention available from at least one institution of higher education (tick one)?

**Yes** – provide **[Organisational Reference(s)]** for each institution

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

(iii) \_\_\_\_\_

No

7.2 Is training in CAMH issues included in the curricula of relevant higher education qualifications?

**Yes** – if yes, please fill in table (a)

No – go to 7.3

(a) Please specify what training in children and adolescents' mental health issues forms a part of the higher education national curriculum (as a specific course or part of a general course) of different relevant professionals and the number of credits/hours this entails

**Number of credits and hours vary from one university to another.**

**There is relatively small proportion of hours for CAP/CAMH teaching in for medical doctors comparing with other paediatric specialities or psychiatry.**

	Undergraduate	CAMH-specific course?	Post graduate/ Master level	CAMH-specific course?	Num credits	Num hours
Medical doctors (basic undergraduate training)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<b>Number of credits and hours vary in each university individually.</b>	
Primary care doctors/GPs		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Paediatricians		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Public health professionals		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Primary care nurses		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Psychiatric nurses		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Psychologists		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
General psychiatrists		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Staff of juvenile detention centres		<input type="checkbox"/>		<input type="checkbox"/>		
Teachers		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Social workers		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Other relevant professional (please specify)	-----	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

--	--	--	--	--	--	--	--

7.3 Do medical professions specialised exclusively in CAMH exist in your country?

- Yes** – go to part (a)  
 No – go to 7.4

(a) Please give the number of practitioners registered and the number of these in private practice:

**7.3.1** Number of child or adolescent psychologists? in private practice? **\_Child and adolescent psychologists are not separated from general clinical psychologists, they can work with children and adults with the same licence.**

**7.3.2** Number of child or adolescent psychiatrists? **\_83\_ child and adolescent psychiatrists** \_\_\_\_\_ in private practice? **\_15\_**.

### *Funding*

7.4 In the past 5 years, how has resource allocation to child and adolescents' mental health in general changed? (Please tick )

- Large increase in resources  
 **Small increase in resources**  
 No or little change in resources  
 Small decrease in resources  
 Large decrease in resources

7.5 In the past 5 years, how has resource allocation to specific areas of child and adolescents' mental health changed?

Please refer to real (proportional) change in resources, not to change due to economic growth, inflation or currency change. (For example, because of a general increase in a country's economic growth, resources may appear to increase, while their proportional allocation does not increase – do not record this as an increase).

7.5.1 Evidence-based and community-oriented / family-focused services (please tick ):

- Large increase in resources  
 **Small increase in resources**  
 No or little change in resources  
 Small decrease in resources  
 Large decrease in resources

**Nevertheless mental health and emotional well being are declared as a priority field for ministry of Health, but looking at the proportion of financial investments lack of political will to invest in CAMH is obvious.**

7.5.2 Evidence-based MH promotion activities (please tick ):

- Large increase in resources  
 **Small increase in resources**  
 No or little change in resources  
 Small decrease in resources  
 Large decrease in resources

7.5.3 Treatment and care in residential institutions (please tick ):

- Large increase in resources  
 **Small increase in resources**  
 No or little change in resources  
 Small decrease in resources  
 Large decrease in resources

7.6 Are funds dedicated to children and adolescents' mental health clearly identifiable in the most recent national budget? (please tick )

- Yes – If yes, please specify the amount \_\_\_\_\_€ - then give details in part (a)
- No** – go to 7.7
- Don't know

(a) How are the clearly identifiable funds distributed across CAMH services?

- Distributed for specific areas – please provide the amounts, if available:

Area	amount
Mental health care	€
Mental health promotion	€
Mental disorder prevention	€
Other (specify)	€

- Distributed for relevant activities (e.g., parent training programmes, school suicide and violence prevention, screening and early detection, drug and alcohol abuse prevention, etc.) – please provide the amounts, if available:

Activity (please specify)	amount
(i)	€
(ii)	€
(iii)	€
(iv)	€

7.7 Are funds used for CAMH **not** clearly identified but rather mixed in with other funds in the most recent national budget?

- Yes** – If yes, please identify the areas which hold funds used for CAMH (e.g. mental health budget, education budget allowance, housing etc.) and where available, indicate the proportions.

**Mental health budget, education and social affaires budget allowances, programs funded by government or municipalities.**

- No – go to question 7.8
- Don't know

7.8 Are funds dedicated to children and adolescents' mental health clearly identifiable in the budgets of non-governmental institutions (foundations, private institutes, welfare societies, professional groups, associations, etc)? (Please tick )

- Yes**
- No – go to Section 8
- Don't know

7.8 Which are main donors of funds to NGOs (state budget, regional/municipal budgets, international organisations/foundations, private for-profit sector, etc)?

All sources listed, state budget, regional/municipal budgets, international organisations/foundations, private for-profit and also some individual donations.

## 8. PERSONAL EVALUATION OF THE STATE OF THE FIELD

Here we would like to hear your opinion of the state of the field of CAMH in your country. Please try to reach a level of agreement in your coalition group. If this is not possible, please indicate with the phrase: "difference of opinions".

### Recent advances

8.1 What have been the key recent advances in your country related to children and adolescents' mental health care? Please list up to 5 and include their dates:

**Decision for these advances to list in the report was made during the meeting of the expert's group 2008-06-10**

Key recent advances in CAMH <b>care</b>	Date	Additional comments
1. Developed network of CAMH services throughout the country.		Will be described broadly in Country Story
2. CAMH related programs and research projects in the sectors of Health, Education and Social Affairs and NGO		
3. Prepared normative acts, legislation and necessary regulations serves as a strong basis for the adequate service delivery providing guidelines, requirements and recommendations and enhance positive changes in the society.		
4. Active professional organizations (Lithuanian Society for Child and Adolescent Psychiatry, Lithuanian Association for Rehabilitation of Persons with Developmental disorders, Lithuanian Pediatric Society, Lithuanian Welfare Society for Persons with Mental Disability "Viltis" and others). These organizations are working intensively and organize various professional events, seek solutions of optimal development of the system of child and adolescent mental health services, submit recommendations to the Ministries of Health, Education, Social Affairs and other institutions.		
5. There is good collaboration with Children's Rights Ombudsman Institution of the Republic of Lithuania and other governmental and nongovernmental agencies.		

8.2 What have been the key recent advances in your country related to children and adolescents' mental health promotion or mental disorder prevention? Please list up to 5 and include their dates:

Key recent advances in CAMH <b>promotion/prevention</b>	Date <b>(of this decision was made – meeting of the expert's group)</b>	Additional comments
1. National and international conferences including media and multisectorial fields of participants		
2. CAMH issues are broadly discussed in Lithuanian media - radio, TV, newspapers, magazines. It raises awareness of the field and disseminates information. This process is really vivid and active in the country.		
3. Preventative programs and research projects implemented in sectors of Education, Health, Social Affairs and Drug control department under the Government of the Republic of Lithuania, National Health Board under the Parliament, Police prevention departments, universities, NGO's		
4. Governmental strategy in Mental Health (Order No.X-1070 of April 3, 2007) and Governmental implementation program for 2006-2008 (approved by Order No. 1020 of October 17, 2006).		
5. Ministry of Health distinguished Mental Health as a priority field.		

### Tackling inequalities

8.3 In your view, is the data routinely being collected on CAMH issues in your country the right data?

Yes – Please provide an example of appropriate data collection:

#### Research projects

No

8.4 In your view, is the data routinely being collected on CAMH issues in your country used in an effective way?

Yes – Please provide an example of appropriate data use:

---

No

8.5 In your view, which are the most important sectors for the promotion of children and adolescents' mental health in your country?

#### Education, Health and Social Affairs, media

8.6 Are there any examples of successes in intersectoral work? (E.g. involvement of social welfare, the school systems, media, employment sector)?

No – go to 8.2.5

Yes – Please give descriptions of successes:

**Intersectoral cooperation remains most complicated area.**

8.7 Are there examples in your country of barriers or obstacles in working across sectors for children and adolescents?

No – go to 8.2.6

Yes – Please give:

Example of a barrier to intersectoral work in your country:

**Mechanisms for mixed intersectoral funding still are not developed.  
Lack of information and joint initiatives, sometimes competition.**

Suggestion of how these barriers might be overcome:

**Initiative from CAMHEE WP4 to continue round table discussions of the expert group and organise them periodically (twice per year) was strongly supported by the participants and Children's rights ombudsman institution of the Republic of Lithuania agreed to host these meetings.**

8.8 Is there a clear understanding of the wider determinants for children and adolescents' mental health among:

(a) Policymakers?:

Yes – please suggest at least 1 example of a factor which have contributed to this:

**2008-12-04 National Health Board, Clinic of Psychiatry (Medical Faculty of Vilnius University), Lithuanian Society for children and Adolescent Psychiatrists and Children's Rights Ombudsman Institution of the Republic of Lithuania have successfully organized Republican Conference "Child mental disorders: possibilities for prevention and treatment" in the main hall of Lithuanian Parliament. 360 participants from various sectors participated.**

**Municipalities via Public Health programmes are financing projects in the field of CAMH.**

**National Programs (National Health Programme, 1996; State Programme on the Prevention of Mental Disorders, 1999; National Drug Control and Drug Addiction Prevention Programme, 1999; National Alcohol Control Programme, 1999; National Suicide Prevention Strategy, 2002 etc.)**

No – Please give an example of a main obstacle and suggest how it might be overcome \_\_\_\_\_

\_\_\_\_\_

(b) Professionals?:

Yes – please suggest at least 1 example of a factor which have contributed to this: \_

**Active professional organizations Lithuanian Society for Child and Adolescent Psychiatrists, constantly submit recommendations to the Ministries of Health, Education, Social Affairs and other institutions, organise conferences, initiate intersectoral cooperation.**

No – Please give an example of a main obstacle and suggest how it might be overcome \_\_\_\_\_

\_\_\_\_\_

(c) The general public?:

Yes – please suggest at least 1 example of a factor which have contributed to this:

**Media, cooperation of CAMH professionals with media, charity projects.**

No – Please give an example of a main obstacle and suggest how it might be overcome \_\_\_\_\_

\_\_\_\_\_

### 8.3 Further development

8.3.1 In your view what have been/are the most important barriers or issues that impede action on children and adolescents' mental health care in your country? Please list up to 5:

**Decision for these advances to list in the report was made during the meeting of the expert's group on June 10, 2008.**

Most important barriers to action in CAMH <b>care</b>	Date	Additional comments
1. There is big lack of long-term residential programs for delinquent children/adolescents with conduct disorders, alcohol/drug dependence, and also for children/adolescents with serious emotional disorders, developmental trauma etc.		
2. Lithuania does not have any specialized adolescent psychiatry unit and also no specialized units for 0-3, 3-7 aged children.		
3. Day treatment programs as well as specialized programs for children of young age should be implemented to ensure seamless integration of child psychiatric services in the country.		
4. Lack of multisectorial cooperation and especially mixed funding establishing necessary services.		
5. Implementation of the regulations and quality assurance remains the main goal for further development of the services. A consideration to quality assurance and not only quantity seems to be very necessary and still lacking in the daily work of administrator levels.		

8.3.2 In your view what are the most important barriers or issues that impede action on children and adolescents' mental health promotion or mental disorder prevention in your country? Please list up to 5:

Most important barriers to action in CA <b>MHP and MDP</b>	Date	Additional comments
1. Long time systematic community care programs together with		

mental health promotion and prevention of mental disorders should be elaborated and widespread in the country. Municipality level and ministries should find more flexible ways for implementing the tasks.		
2. Lack of occupational training for the autistic adolescents and adults, absence of specific programs at general schools for children with autistic spectrum disorders, hiperkinetic disorders etc.		
3. Foster care system still is in an early stage of creation and development. Network of orphanages and special care institutions and their cost itself serves as an obstacle to creating a more flexible and modern foster care system.		
4. Intersectoral cooperation and political support/understanding in this process is crucial. More flexible cooperation among Minister of Health, Education and Social Welfare systems and effective ways to stimulate municipalities should be elaborated.		
5. Programs in kindergartens and school could be implemented cooperating among Education and Health sectors – this is not used possibility to create flexible approaches with utilization of present recourses and avoiding establishment costly services.		

8.3.3 What support would be needed in your country to increase action to improve child/adolescent mental health services?

**More active position of Ministry of Health, increased funding and establishment of lacking services and training programs. Financial support from EU should be used constructively.**

8.3.4 What support would be needed in your country to increase action to improve child/adolescent mental health promotion and prevention of mental health problems/disorders?

**More active position of Ministries of Education and Health increased funding and setting long term projects, not for one year. Training programs for multidisciplinary teams, especially child psychiatric nurses, psychologists, social workers.**

9. *Any further comments on CAMH infrastructures<sup>Ⓢ</sup>, policies and practice in your country not addressed in this form:*

Delivery of adequate child psychiatric service is strongly dependent on administrative support, presence of qualified personnel, and adequate financial funding, relevant guidelines and regulations for the organization of a multidisciplinary teamwork, building-up the therapeutic environment, personnel outsourcing, and creation of a system for professional training.

Importance of the interdisciplinary collaboration across governmental and nongovernmental sectors and agencies solving problems should be stressed. Politic will and governmental resolution to grasp the nettle would provide opportunities to optimize and develop further the field of CAMH services appropriately for the benefit of our country.

There is debate started in the Ministry of Health about competencies of adult psychiatrists and child/adolescent psychiatrists and possibilities for adult psychiatrists to provide primary mental health care for children and adolescents in the country. Lithuanian society for child and Adolescent Psychiatrists is strongly against and are trying to keep child/adolescent psychiatry as a separate specialty and sustain prepared and applicable normative acts, legislation and necessary regulations for CAP and CAP services.

**THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE**