Mental health in times of austerity: lessons and advice from Lithuania

Dr Gediminas Černiauskas,
Vice-Minister of Health of Lithuania

gediminas.cerniauskas@sam.lt

2013
The main direction of mental health care reform in Lithuania is gradual transition from big mental hospitals towards outpatient care in the communities by establishing mental health centres in the municipalities.

Specialist teams working in these mental health centres (MHC) include psychiatrist, child psychiatrist, social worker, nurse and psychologist.

There are 107 MHC in Lithuania at the moment.
There are about 164 000 persons (~5,5% of Lithuanian population) **under primary mental health care**

Among them:
- 103 500 (~3,5%) – psychiatric disorders;
- 26 440 (~1,2%) – depressions;
- 61 200 (~2%) – dependencies (55 500 of alcoholic and about 6 000 of psychoactive substances).
Incidence and Prevalence of Depression in Lithuania
2006 - 2010 (per 100 000)

Incidence

Prevalence
Lithuanian Parliament on April 3, 2007. The main goals and measures to achieve them dealing with main mental health challenges are defined.

Strategy drafted to implement WHO Mental Health Action plan.
development of mental health services network (1)

Establishment of centres of differentiated complex mental health care for children and families - 11,046,673,59 LTL;

- Establishment of mental daycare centres - 34,239,489,28 LTL;

- Establishment of crisis intervention centres - 8,017,670,79 LTL.
Investments of EU structural funds into development of mental health services network (2)

• 5 regional centres for children and adolescents including inpatient care, crisis interventions and mobile team;

• 28 mental daycare centres;

• 5 crisis intervention centres for emergency care in case of mental health crisis within 24 hours.
The number of cases of Mental and Behavioural Disorders due to use of alcohol in the period 2008-2012

State Mental Health Center
Dynamics of Morbidity of mental and behavioural disorders due to use of alcohol in Lithuania in the period of 2000-2012 (100,000 population)

Mental and behavioral disorders due to use of alcohol (F10)

Data of State Mental Health Center
Alcohol influence on morbidity case study

In 2008 stricter alcohol control policy was made:

- Bigger interest of politicians announcing year 2008 as the year without alcohol.
- Better financing of state prevention programmes.
- Stricter control of access to alcohol:
  - Restricted advertising;
  - No taxation privileges for alcohol;
  - Higher taxation and increased prices;
  - Restrictions of trade during night time.
Current situation in Lithuania

**prevention**
- Parliamentary Committee on Health affairs,
- The Department of Tobacco, alcohol and drugs control,
- NGO.

**The legal background**
- Alcohol control law,
- Scientific studies of 2011-2013

**Scientific studies of 2011-2013**
- The assessment of Alcohol control policy;
- New Lithuanian Health Programme alcohol.
- Approved by Government Alcohol and tobacco control programme for 2012-2014.

**Scientific studies of 2011-2013**
- The assessment of Alcohol control policy;
- The assessment of harm from alcohol.
Conclusions of the studies on the economic loss (1)

2. **Analysis of alcohol consumption related morbidity** in Lithuania showed that in 2006-2011 alcohol lead to reasons for treatment at least once during each year (received outpatient or inpatient services) 163634 people and that represents 8,88 percent in average of total morbidity in Lithuania between 15 year and older residents.

3. **Alcohol induced decrease of working capacity analysis** showed that in 2006-2011 alcohol related reasons caused decrease of working capacity in total for 42930 people (7,64 percent of all registered cases of decreased working capacity), in average 7155 people each year.
suspected that 7.04 percent of all crime registered in Lithuania was committed by drunk people.

formed losses of 60.852.205 Lt in health care, 477.736.895 Lt paying disability pensions, 39.388.333 Lt children maintenance in prison, who committed crimes being drunk. In 2010 lost productivity due to alcohol they had prior leading to death (calculated as unearned income until they had reached retirement age) created losses of 526.937.357 Lt. disability pensions, 39.388.333 Lt children maintenance in orphanage (because of parental drinking), 40.150.033 Lt for people in prison, who committed crimes being drunk. In 2010 lost productivity due to alcohol consumption leading to death (calculated as unearned income until they had reached retirement age) created losses of 526.937.357 Lt.
is an expert event of the Presidency, which will be held on October 10–11.

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The specific objectives of the conference are to:

Promote successful mental health prevention/promotion policies and programmes as evidenced through the various European collaborative projects and to facilitate their implementation in particular in new Member States;

• Strengthen national and local capacities for mental health prevention/promotion by sharing resources and mainstreaming mental health prevention/promotion into all relevant policy domains at the EU and national level;

• Enhance the involvement of civil society, private sector and academia stakeholders, and foster sustainable and collaborative commitments as regards actions for mental
Ich wünsche Ihnen viel Erfolg und danke für Ihre Aufmerksamkeit!