Country Profile "Lithuania"

Suicide and Suicide Prevention: Key Facts and National Priorities

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Introduction

The EU-Co-funded "Joint Action on Implementation of Best Practices in the area of Mental Health", short **JA ImpleMENTAL** has a duration of 3 years, lasting from October 2021 to September 2024. Detailed information can be found at the project's website JA ImpleMENTAL ja-implemental.eu. It aims to promote and improve mental health structures, services, capacity and outcomes in participating countries in 2 specific areas:

- mental health reform (promoting community health services) and
- suicide prevention.

Two national best practices - mental health reform in Belgium and the Austrian suicide prevention programme SUPRA - serve as best practice examples. Selected components of these should be prioritised and implemented over the course of the JA in 14 i.e. 17 participating EU-countries. JA ImpleMENTAL comprises 6 Work Packages (WPs), 4 horizontal WPS and one for each best practice. **WP6 on suicide prevention** aims to support improvement in knowledge and quality of suicide prevention services. Defined elements of SUPRA should be transferred and pilot implemented at national/regional level, suicide prevention strategies in participating countries developed i.e. revised.

The present country profile is one of the major deliverables of the JA, presenting national priorities for suicide prevention embedded in contextually relevant facts. It summarizes results of the national Situation- and Needs Assessment (SANA), lists lessons learned, recommendations and prioritized measures for suicide prevention. It includes challenges and opportunities as well as outlining next steps necessary to scale-up i.e. promote national/regional suicide prevention activities. The country profile is a basis for strategy formulation, for decision-making and a declaration of commitment to suicide prevention.

1 Context

1.1 Country, Health and Social System

Republic of Lithuania is parliamentary democracy and a decentralised unitary state with 10 counties which are subdivided into 60 municipalities. Its capital and largest city is Vilnius. Lithuania has a population of 2.795 million.

Table 1: Population structure: 2021, expressed as number of persons, by age and sex (1)

	Sex		
Age group	male	female	**total**
<18	255555	242763	498318
18 - 64	869505	870809	1740314
65+	188538	368510	557048
Total	**1313598**	**1482082**	**2795680**

Healthy life expectancy at birth is 67,6, and 10,6 at age 65 (2). A total of 23,5% of the population is at risk of poverty and social exclusion (3). Income inequality, expressed as the Gini coefficient, is 35,4 (4), and total healthcare expenditure relative to GDP is 7,01 % (5).

Lithuanian health insurance system is organised around a single payer – the National Health Insurance Fund (NHIF) – which purchases services on behalf of the insured population and aims to cover all residents. The Ministry of Health is responsible for formulating health policy and regulations; monitoring population health; licensing providers and health professionals; governing the NHIF; and managing the network of subordinated institutions, including some providers. Revenues for the NHIF come from mandatory earmarked payroll contributions; transfers from the state to cover the non-working population, such as children, students, disabled people, retired people and unemployed people; payments from self-employed workers or other residents not covered in the first two groups; and transfers from the state for specific programmes. In the national health care system there are 3 levels of health care services: primary, secondary, tertiary. Municipalities organizes primary health care and public health care. The executive institutions of municipalities also implement function delegated by the law – they organize secondary health care. Tertiary personal health care is organized by the Ministry of Health. The levels of inpatient personal health care institutions, providing health care services, financed from the budget funds of the Compulsory Health Insurance Fund, are: municipality, region or republic. The scope of secondary and tertiary personal health care is determined by the Ministry of Health. The private sector participates in the delivery of primary and dental care and, increasingly, publicly financed specialist outpatient care (6).

1.2 Mental Health System

There are no **Stand-alone strategy** for mental health in Lithuania, but there areNational strategic documents – Development programmes for overall health system development (one for public health, another for healthcare services). Mental health topic has separate action plans for: suicide prevention, substance abuse and low-threshold services, developmental disorders. Mental health strategy adopted by Parliament exists, but it was adopted in 2007 and is now under consideration for termination. A new overarching mental health strategy is not currently present. Ministry of Health has organised a number of public consultations and stakeholder involvement events to describe, present and agree upon strategic directions and actions in implementing mental health system reform (7). In 2023 Q3, an overall action plan for reform implementation is planned to be approved.

The total government expenditure on mental health care (as % of total public health expenditure) in 2019 was 4.6% (8) in total it was 33.9 million Euros which includes personal and public mental health (9).

Government social support depends on specific conditions, most forms of support are associared with disability and it is administrated by Ministry of Labour and social affairs. Social support includes income, housing, employment, social care.

Main forms of government social support available for persons with severe mental health conditions are day social care centre, social care home; short-term social care at home, day social care centre or a group home or social care home; long-term social care at social care institutions); 2) social attendance - services to people who do not require permanent attendance by specialists (among others domestic help, psychosocial support and accommodation in assisted living environments); 3) general social services (information, counselling, mediation and representation, social and cultural services, organisation of transportation, organisation of catering as well as other services); 4) temporary respite services for persons who are raising, caring for persons with disabilities living together at home. Also integral home care – nursing and social care services provided in a person's home to meet their nursing and social service needs, with the support of family carers (9).

The Share of people reporting unmet mental health care needs due to financial reasons in 2019 was 1.4% (10).

In 2021 **proportion of involuntary admissions to MH hospitals** (368) to number of total admissions (7 879) is 0.05. The **proportion of involuntary admissions to psychiatric wards** of general hospitals (50) to number of total admissions (12 933) is 0.004 (11).

The Law on Mental Health Care sets out the principles guiding the provision of mental health care, the rights of patients with mental and behavioural disorders, conditions for the use of restrictive practices (including conditions for the use of seclusion, restraint and surveillance measures), and the conditions for involuntary hospitalisation and treatment.
In Lithuania, there is a 3 day maximum on involuntary hospitalisation without review by a judge, and the patient or their representative has the right to participate in court proceedings deciding on involuntary hospitalisation. If they are unable to attend in person due to physical or mental health reasons, their appearance must be accommodated remotely, and such right can only be restricted by the Court.
In Lithuania are no involuntary admissions to mental health community residential facilities.
In 2020 **follow-up care** (the share of patients, who receive out-patient visits within one month after discharge) of people with mental health conditions discharged from hospital is 50,2% (12).
115 **Primary mental healthcare centres** with teams of four specialists: psychiatrists, psychologists, mental health nurses, and social workers. They work in every municipality and provide primary mental healthcare for all insured persons in Lithuania. If Primary mental health care center doesn't have child and adolescent psychiatrist, services to children and adolescent are provided by adult psychiatrist.
Currently, there are 50 units providing day hospital services, which provided 180 000 services in 2022 (64 services per 1000 people per year). Within the scope of mental health system reform, there is a goal to expand the services by 100%, up to 113 services per 1000 people, and services will be provided additionally in 20 municipalities (9).

Table 2: Facilities, number of beds and hospital admissions related to mental health, 2021 (11)

Indicator at national level		number	rate per 100.000 adult/minor population
Mental health hospitals	Facilities	6	0,26
	Beds	1062	46,23
	Admissions	7879	342,96
Psychiatric wards/units in general hospitals	Wards/units	18	0,8
	Beds	1067	46,44
	Admissions	12933	562,95
Mental health inpatient facilities specifically for children and adolescents	Facilities	5	1
	Beds	89	17,86
	Admissions	1555	312,05

2 Suicide and Suicide Prevention

2.1 Situation Analysis (SA)

Figure 1: Suicide rate: 2011, 2016, 2022, by age groups (13)

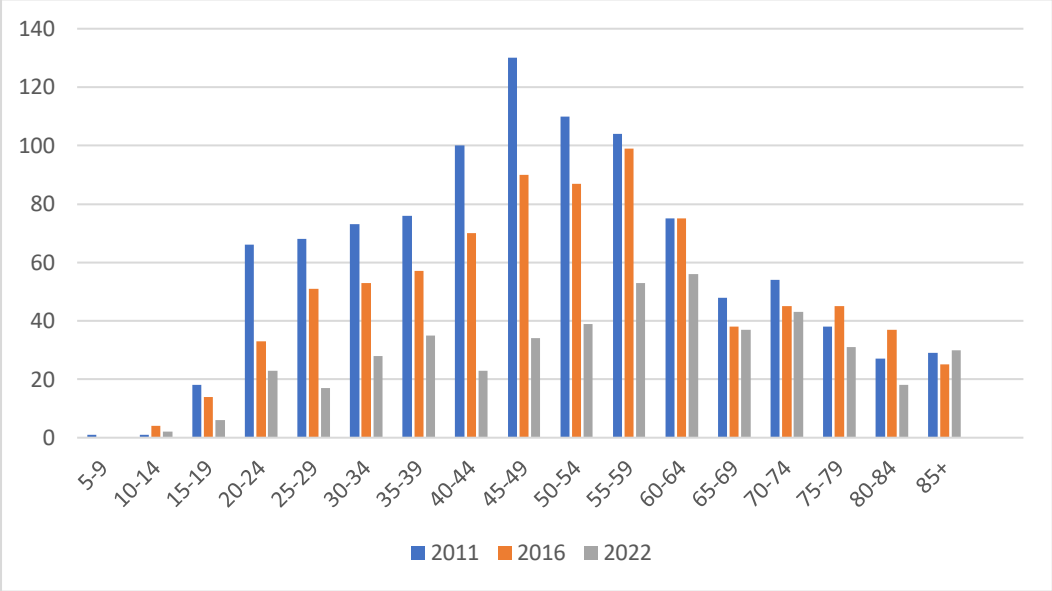
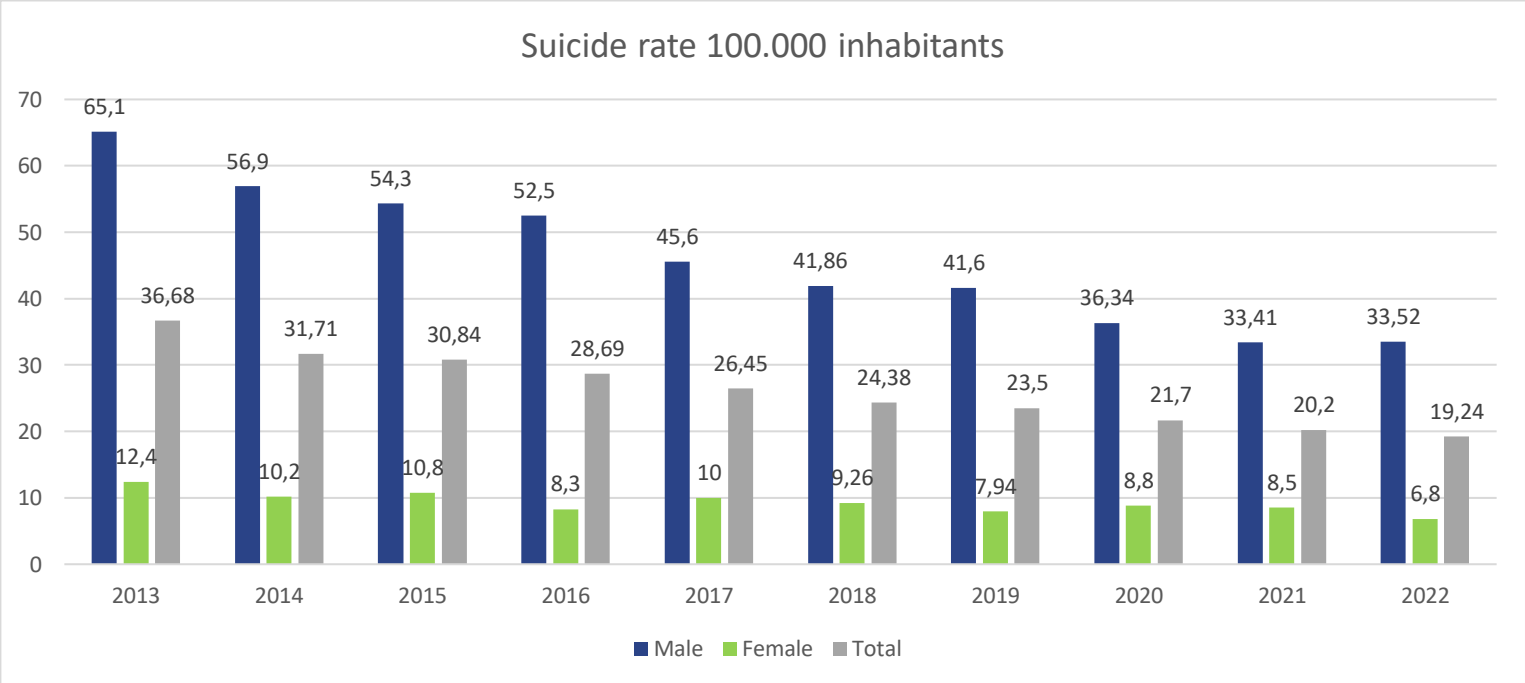


Figure 2. Suicide deaths trend, ***2013 - 2022***, by sex (13)



The suicide mortality rate in Lithuania has decreased almost 50% over the last decade, but Lithuania still has one of the highest suicide rates in Europe. Men in Lithuania die from suicide 4 times more often than women.

There is annual report on "Causes of death" by Hygiene Institute (here: https://hi.lt/lt/mirties-priezastys.html), but it does not include causal or correlational analysis or trend graphs. Mortality rates are broken down in tables by gender, geographical area and age.

Table 5: Most common methods of suicide: 2021, by age group and sex (14)

Sex/Age	0-19	20-39	40-59	60-79	80+
Women	1. hanging	1. hanging 2. jumping or lying before moving object 3. jumping from a high place	1. hanging 2. jumping from a high place 3. self-poisoning	1. hanging 2. jumping from a high place 3. self-poisoning	1. hanging 2. jumping from a high place 3. self-poisoning
Men	1. hanging 2. jumping or lying before moving object	1. hanging 2. sharp object 3. jumping from a high place	1. hanging 2. sharp object 3. jumping from a high place	1. hanging 2. Intentional self-harm by other and unspecified firearm discharge 3. sharp object	1. hanging 2. Intentional self-harm by other and unspecified firearm discharge 3. sharp object

In Lithuania hanging is the most common method of suicide among women and men in all age groups (85%). Second common method of suicide is jumping from hights (3,9%). Third – self poisoning (3,5%).

Box 1. Most common barriers people face when seeking psychosocial help (15)

Barrier 1 Somatic Emergency rooms often admit suicidal patients for their somatic problems, but do not address the mental health-related problems and discharge without referral to mental health specialists

Barrier 2 Lack of public awareness of suicide risk signs, ways to communicate, to help and/or refer to specialists once suicide crisis happens

Barrier 3 Many people with suicide risk do not undergo psychosocial evaluation (e.g. CAMS), which would enable accurate suicide risk assessment and creation of a continuous support plan

Barrier 4 Many patients with suicide or psychosocial crisis situation or after the acute phase do not receive continuous psychosocial support (in the community), unless they are indicated for inpatient hospitalization

Barrier 5 There are very few specialists who can provide specialized, suicide-specific interventions to reduce future suicide risk, such as DBT, ASSIP and other

Box 2. Groups most vulnerable to suicide (15)

Group 1 Men (4:1 ratio of committed suicides compared with females; few specific interventions for the target group)

Group 2 People who attempted suicide previously (there are limited rigorous and enforced standards of continuouss support and care for this target group to reduce their risk of repeated suicide attempt)

Group 3 Relatives of people who attempted suicide or commited suicide (studies show that they experience higher risk of suicide, but currently there are very limited standards of care for this target group)

Group 4 people with bordeline personality disorder (due to psychopathology there are frequent self harm or suicide attempt cases)

On average, 2200 people are hospitalised on a yearly basis for deliberate self-harm, with slightly more females than males.

Table 3: Hospitalization due to self-harm: 2021, by age group and sex (12)

	0-19		20-39		40-59		60-79		80+	
	N	rate	N	rate	N	rate	N	rate	N	rate
female	582	218,49	339	99,77	228	55,31	137	37,14	42	36,42
male	135	48,16	435	122,85	273	71,60	82	33,20	17	39,43

In Table 4 there is information about self harm methods with or without a suicidal intent. In Lithuania there is no distinction made between deliberate self-harm with intention to die or without. Most common method of self harm is self poisoning.

Table 4: Most common methods of self-harm with or without a suicidal intent: 2021, by age group and sex (12)

Sex/Age	0-19	20-39	40-59	60-79	80+
female	1. self-poisoning by antiepileptic, sedative-hypnotic, antiparkinsonism 2. self-poisoning by alcohol 3. self-poisoning by nonopioid analgesics, antipyretics and antirheumatics	1. self-poisoning by antiepileptic, sedative-hypnotic, antiparkinsonism 2. self-poisoning by nonopioid analgesics, antipyretics and antirheumatics 3. sharp object	1. self-poisoning by antiepileptic, sedative-hypnotic, antiparkinsonism 2. self-poisoning by unspecified drugs, medicaments and biological substances 3. self-poisoning by alcohol	1. self-poisoning by antiepileptic, sedative-hypnotic, antiparkinsonism 2. self-poisoning by unspecified drugs, medicaments and biological substances 3. self-poisoning by alcohol	1. self-poisoning by antiepileptic, sedative-hypnotic, antiparkinsonism 2. sharp object 3. self-poisoning by unspecified drugs, medicaments and biological substances

male	1. self-poisoning by alcohol 2. self-poisoning by narcotics and psychodysleptics 3. self-poisoning by antiepileptic, sedative-hypnotic, antiparkinsonism	1. self-poisoning by antiepileptic, sedative-hypnotic, antiparkinsonism 2. self-poisoning by narcotics and psychodysleptics 3. sharp object	1. self-poisoning by antiepileptic, sedative-hypnotic, antiparkinsonism 2. self-poisoning by alcohol 3. self-poisoning by narcotics and psychodysleptics	1. self-poisoning by antiepileptic, sedative-hypnotic, antiparkinsonism 2. self-poisoning by alcohol 3. hanging	1. self-poisoning by antiepileptic, sedative-hypnotic, antiparkinsonism 2. hanging 3. self-harm by unspecified firearm discharge

Lithuania has **National suicide prevention plan** (16) since 2020. At this moment it is being renewed, to be adopted by 2023 Q3. It will include themes like early suicide prevention, media monitoring, recognition and referral, help system for people who attempted suicide, help system for relatives, statistics and monitoring.

Three non-governmental organizations (Hope line, Youth line, Women's Helpline) provide a nation-wide 24/7 **hotline services** for crisis intervention. Emotional support by telephone and online is provided by specially trained volunteers and mental health professionals. From 2021 crisis mobile teams started their work which work on workdays until 8 PM and on Saturdays. They provide help for companies, communities and etc. after crisis (it includes and suicide) which has to start within 16-48 hours from the incident (17). By the law, all hospitals which provide in-patient psychiatric services are required to complete psychosocial assessment (24/7) for all patients at risk of suicide (thoughts of suicide, suicidal ideation, intentional self-harm) (18).

Two international standardized **gatekeepers' training** programs (LivingWorks safeTALK & LivingWorks ASIST) were localized and implemented in Lithuania. SafeTALK is a four-hour face-to-face workshop helping to learn how to prevent suicide by recognizing signs, engaging someone, and connecting them to an intervention resource for further support. Applied Suicide Intervention Skills Training (ASIST) is a two-day intensive, interactive, and practice-dominated course designed to help caregivers recognize and review risk and intervene to prevent the immediate risk of suicide. SafeTalk training is aiming lay people (teachers, bar attenders, community leaders, etc.), meanwhile ASIST is mainly targeting caregivers (physicians, nurses, psychologists, social workers, police officers, etc.). Also, in Public Health Bureaus there are trainers who was trained by special suicide prevention program who are able to provide training for gatekeepers.

There are few **specific programs for most vulnerable groups**:

1) For men, crisis resolution centres have been recently founded by Ministry of Labour and Social affairs "Vyrų krizių centras" (Men's crisis centres), as well as emotional support phone helpline "Nelik vienas" nelikvienas.lt.

2) On 2022 Sept 30, a new Minister's order was adopted which radically overhauled the provision of healthcare to people in suicide risk, including the provision of continuous support and reducing the risk of repeated suicide attempt: https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/4488a5b040f311edbf47f0036855e731

3) Postvention and emotional support services are provided by association of people bereaved by suicide "Artimiems"; Ministry of Health also funded 100 psychologists' training on consulting relatives of persons who attempted or commited suicide in 2021-2022

Regarding the **restriction of means of suicide** Lithuania has:

Weapon Security: regulated by Guns and ammunition control act, including assessment of mental health condition and previous suicide risks for people who want to obtain or use civilian guns (19)

Prescription regulation: all prescription-based psychotropic and other medications are prescribed via electronic recipes (with limited exceptions), so the pharmacy specialist and healthcare specialist see all prescriptions for each person and the opportunity to abuse them is limited.

Reporting on suicide is regulated by Public Information Act. Principles for responsible media reporting are formulated in the code of ethics in providing information to the public of Lithuania. When publishing information on suicide or suicide attempt, it is compulsory to inform about the available emotional and psychological services and self-support groups. Hygiene institute's Mental Health Centre has implemented reactive monitoring of internet media.

National suicide prevention plan has a partial list of suicide prevention measures implemented by institutions; other measures by Ministry of Health are listed in a Minister's order on the distribution of funds for suicide prevention that is renewed on yearly basis, as well as strategic documents - Development programme measure descriptions. There is no inventory of projects made in other institutions (municipalities, other ministries) and organizations (private, NGO)

2.2 Needs Assessment (NA)

Lithuania this year is renewing its National suicide prevention plan and there is a work group with national suicide experts who helped to conduct SWOT analysis on the basis of the guiding questions on strengths, weaknesses, opportunities and threats. Results are presented in Table 6.

Table 6.: SWOT Analysis

Factor	Contents				
Strengths	1. New Algorithm for reaction to suicide attempt	2. Raised payment for psychosocial evaluation and psychological help	3. Mental support hotlines and web portal www.tuesi.lt	4. Rapid social economic development	5. Mental health centers in every Municipality
Weaknesses	1. Potentially inaccurate registration of suicide attempts and suicides	2. No systems of specialized therapies (ASSIP, DBT, etc.)	3. Lack of psychologists and psychotherapists especially in regions	4. Gaps in continuity of suicide prevention support	5. Insufficient recognition and referal
Opportunities	1. Renewed National suicide prevenction plan 2023-2026	2. Additional funding for targeted suicide prevention interventions	3. New team for suicide preventon at National authority	4. Small scale interventions available for scaling up (DBT, ASSIP, suicide case registry and etc.)	5. Many Municipalities have shown leadership for cooperation and Algorithm implementation
Threats	1. Lack of evidence based interventions in suicide prevention	2. Economic slowdown and (or) crisis	3. Stigma despite efforts to reduce it	4. Restriction of means in suicide prevention: ropes.	5. Entrenched biomedical approach and lack of acceptance of the psychosocial interventions

3 Reflection on SANA results

Lithuania is not listed as implementing the Supra Best Practice, but we are working intensively in suicide prevention field, improving legal act framework. During Joint Action and our work, we discovered areas that we prioritize.

Overarching measure Renew National suicide prevention plan

Strategic Area: Coordination & Organization

- **Quick Wins*:** Renew National suicide prevention plan
- Create a system of coordinators at municipality level to manage local suicide prevention policy and municipality specialists' network

Strategic Area: Support and Treatment

- Create better help system for relatives who lost a loved one because of suicide.
- Create system of specialized therapies (ASSIP, DBT, MBT)

Strategic Area: Quality Assurance, Expertise and Databases

- **Quick wins:** National Algorithm monitoring system

4 Next steps

Next steps for Renewing National suicide prevention plan:

- Approval from working group;
- Approval from public consultations;
- Approval of Minister.

Next steps for creating National Algorithm monitoring system:

- Create work group which would help to develop a system;
- Start work group sessions.
- Perform in-depth analysis of available and needed indicators

Next steps for crating a better help system for relatives who lost loved one because of suicide:

- Specialist trainings for specialists on how to support relatives;
- Create support groups for relatives who lost a person because of suicide.

Next steps in improving case management in Mental Health centers for suicide prevention

- Case managers in Mental health centers will help to motivate and coordinate activities for people with different kind of mental health problems, one target group is people in suicide risk / crisis linked to Belgium Best Practice Implementation

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